

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

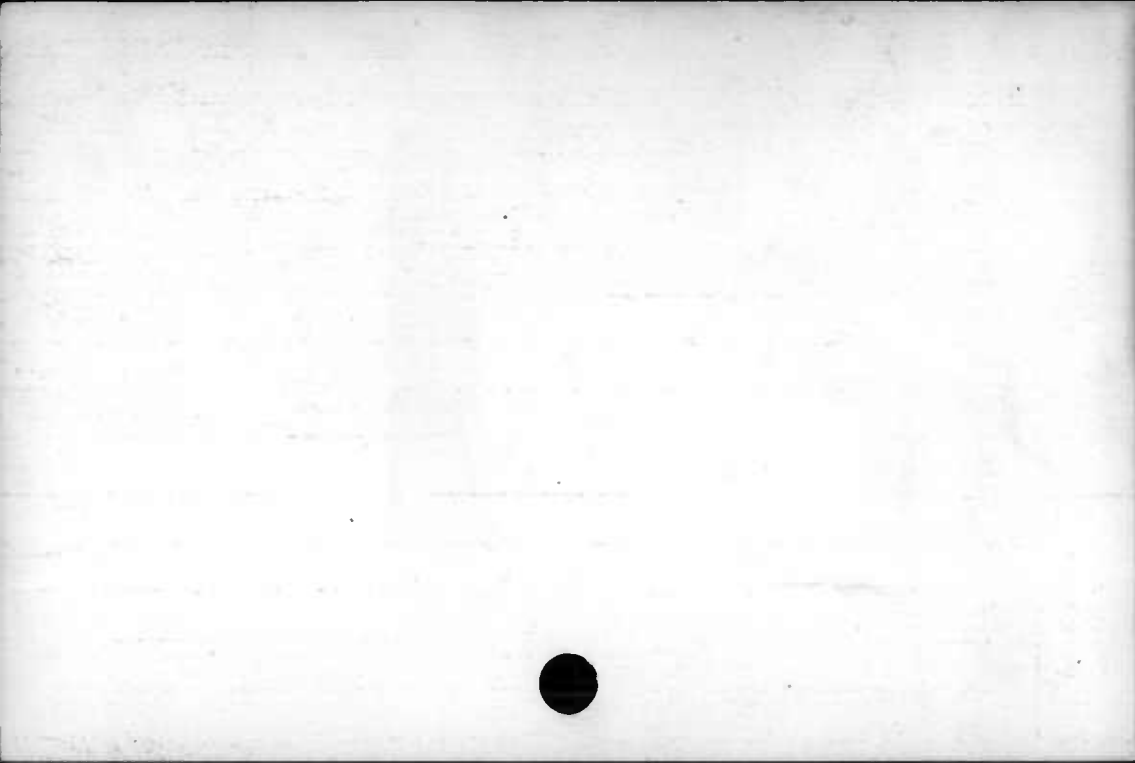
Died at Prince Georges Prince Georges CountyDate of death 1908 Aug 5 5 5 2 2 2Sex Male Color or Race Black Birth-place IndOccupation None Where Residing if not at place of death HomeMarried Single Name of Wife or Husband NoneFather's Name Hoble Father's Birthplace IndMother's Maiden Name Barnes Mother's Birthplace IndName of person giving information Henry Willis How related to deceased no relation

CAUSES OF DEATH

151

Primary Malnutrition How long 2 weeksImmediate Heart failure How long 16 hoursAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician J. R. WaringAddress V. Clinton

Accident or Suicide?



Name
in
Full

Samuel Rufus Belt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

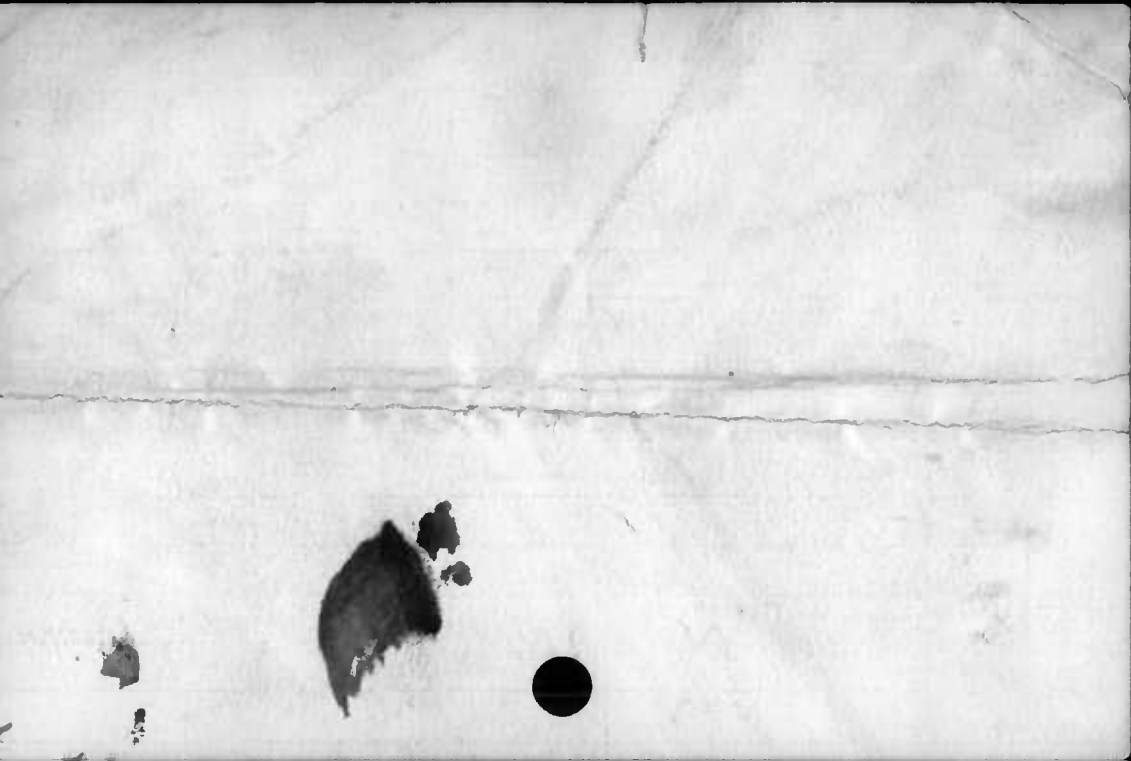
Died at <i>Banri</i> Town		<i>Prince George</i> County		MARYLAND	
Date of death <i>1908 August 26</i> Month Day		Age <i>63</i> Years		<i>5-23</i> Months Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Prince George's Co. Md.</i>	
Occupation <i>Lawyer</i>		Where Residing if not at place of death _____			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ellen J. Belt</i>			
Father's Name <i>Samuel Turner Belt</i>		Father's Birthplace <i>Beltville, Md.</i>			
Mother's Maiden Name <i>Artridge Isaac</i>		Mother's Birthplace <i>B. Ges Co. Md.</i>			
Name of person giving information <i>Mrs Wm. Sigerood</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

4

PHYSICIAN
OR CORONER

Primary <i>Metastatic tumor, with Cardiac & Renal complications - Arteriosclerosis</i>		How long _____	
Immediate <i>Arteriosclerosis</i>		How long _____	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. M. Donald M.D.</i>	
		Address <i>Springfield</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Ida Elizabeth Bone

CERTIFICATE OF DEATH

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NEAREST FRIEND

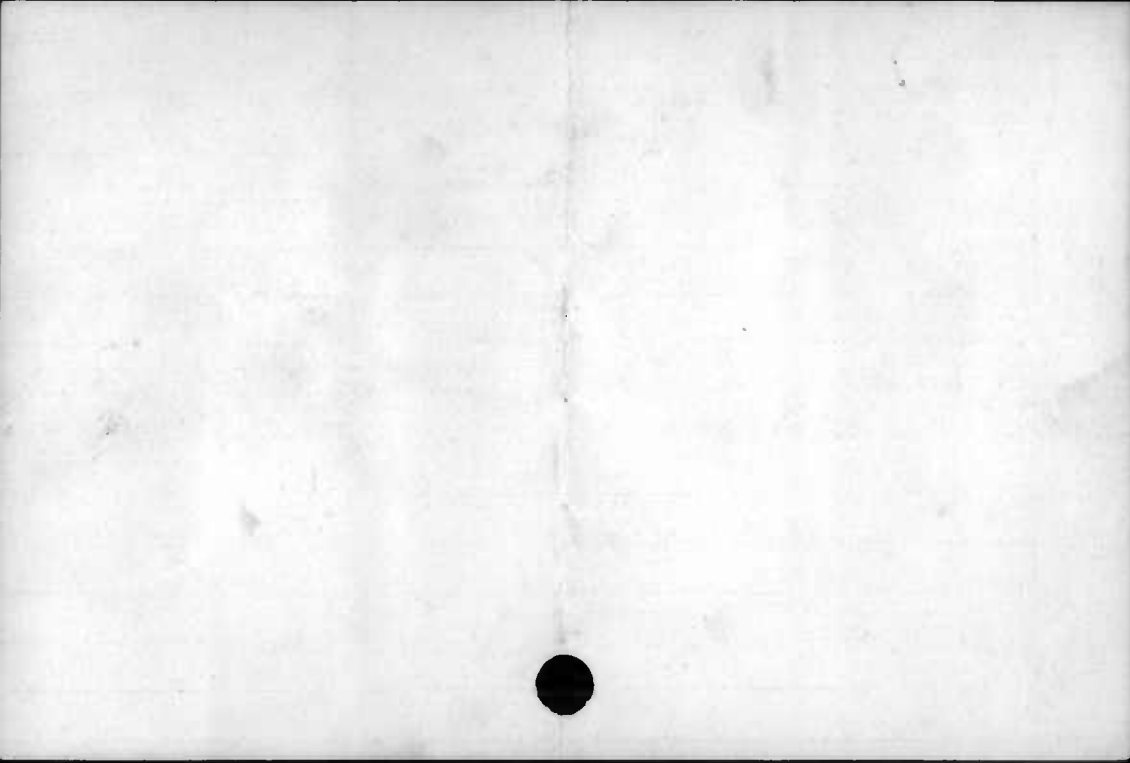
Died at <u>Mullikin</u> ^{Town}		<u>Prince George</u> ^{County}		MARYLAND	
Date of death	<u>1908</u> ^{Year}	<u>Aug</u> ^{Month}	<u>24th</u> ^{Day}	Age <u>1</u> ^{Years}	<u>3</u> ^{Months}
Sex	<u>Female</u>	Color or Race	<u>Caucasian</u>	Birthplace	<u>Maryland</u>
Occupation	<u>✓</u>		Where Residing if not at place of death <u>✓</u>		
Married, Single or Widowed	<u>✓</u>		Name of Wife or Husband <u>✓</u>		
Father's Name	<u>Andrew Bone</u>			Father's Birthplace	<u>Maryland</u>
Mother's Maiden Name	<u>Mary E. Harrison</u>			Mother's Birthplace	<u>Maryland</u>
Name of person giving information	<u>Samuel Harrison</u>			How related to deceased	<u>Uncle</u>

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<u>Murder</u>	How long	<u>4 months</u>
Immediate	<u>Exhaustion</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>H. J. Hunkel</u>
		Address	<u>Stuel, Md</u>
Accident or Suicide?	<u>✓</u>		



Name
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CERTIFICATE OF DEATH

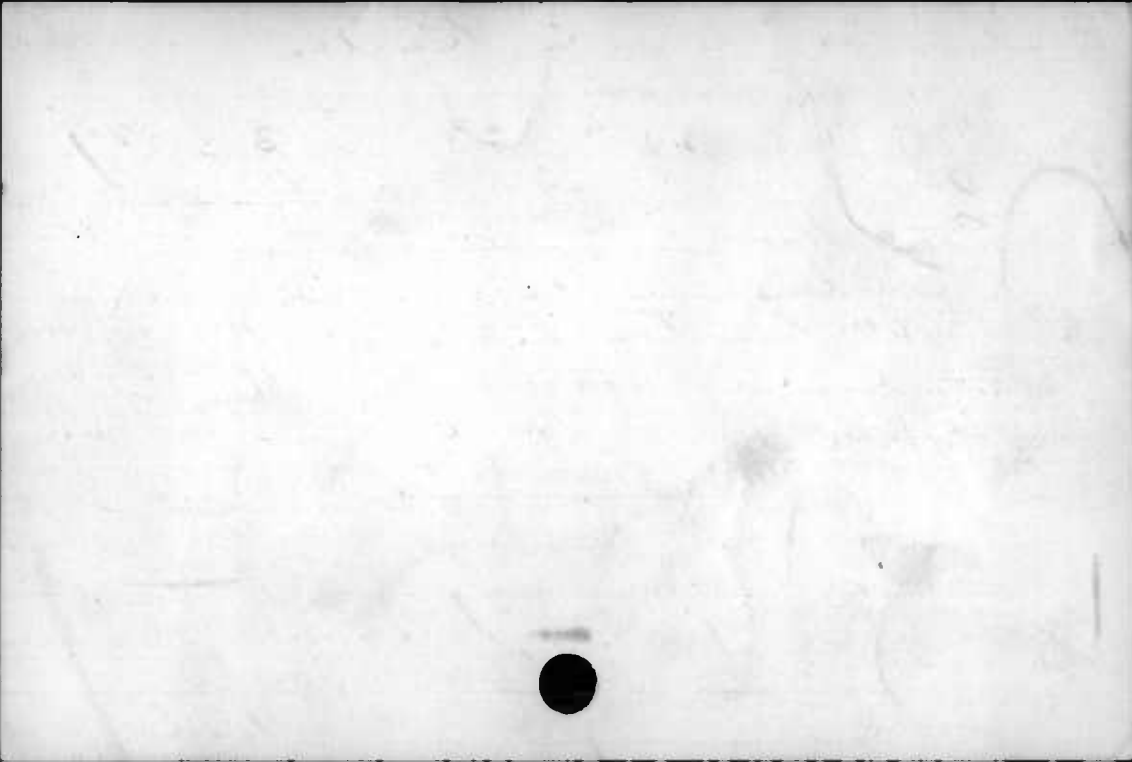
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Glendale Md</i>		Town <i>Prince George's</i>		County		MARYLAND	
Date of death <i>8/22/1908</i>	Month <i>Aug</i>	Day <i>22</i>	Age <i>23</i>	Years	Months <i>3</i>	Days <i>29</i>	
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Bowin Md</i>				
Occupation <i>Farm Hand</i>	Where Residing if not at place of death <i>Near Glendale Md</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>						
Father's Name <i>Tom Butler</i>	Father's Birthplace <i>Marlboro Md</i>						
Mother's Maiden Name <i>Eloise Emma</i>	Mother's Birthplace <i>Arden Md</i>						
Name of person giving information <i>Richard Hall</i>	How related to deceased <i>Grandfather</i>						

CAUSES OF DEATH

27

Primary <i>Consumption</i>	How long <i>1 year</i>
Immediate <i>no</i>	How long <i>no</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R L Macklin</i>
	Address <i>Calington Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph Ignatius Chapman

Died at *Westphalia* Town *Orange* County *Georgia* **MARYLAND**

Date of death *1908* Month *Aug* Day *2* Age *4* Years Months Days

Sex *male* Color or Race *Black* Birth-place *md*

Occupation *none* Where Residing if not at place of death

~~Married~~ Single *Single* Name of Wife or Husband

Father's Name *Charles Chapman* Father's Birthplace *md*

Mother's Maiden Name *Mary Fletcher* Mother's Birthplace *md*

Name of person giving information *Charles Fletcher* How related to deceased *Father*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary *unknown* How long *not in attendance*

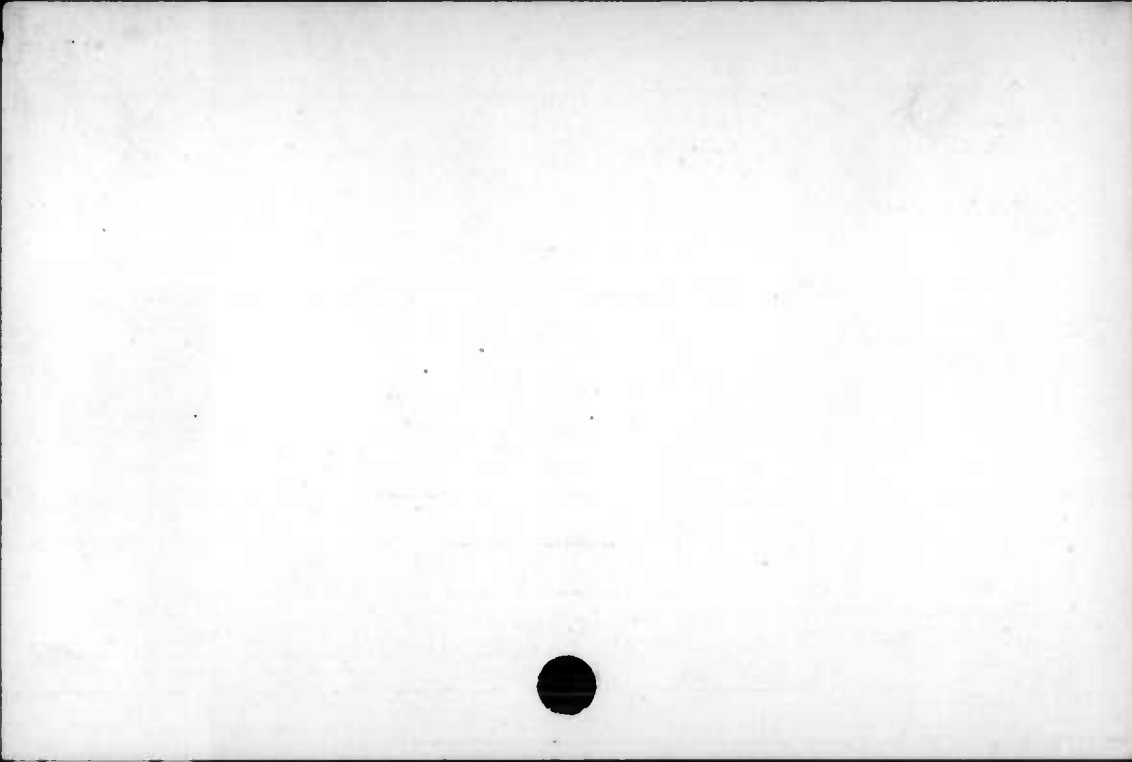
Immediate *unknown* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John E. Gumbey M.D.*

Address *Forestville Md*

(Accident or Suicide?) *neither*



Name
in
Full

CERTIFICATE OF DEATH

Andrew Crawford

Town

County

Died at Marlboro

Date

of death 1908

Month

Aug

Day

4

Years

Age

unknown

Months

Days

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Sex

Male

Color or
Race

Black

Birth-
place

A. L. G. Md

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Katie Crawford

Father's
Name

James Crawford

Father's
Birthplace

unknown

Mother's
Maiden Name

Crawford

Mother's
BirthplaceName of person giving
Information

Louisa Jackson

How related
to deceased

sister

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Bright's disease

How long

2 yrs

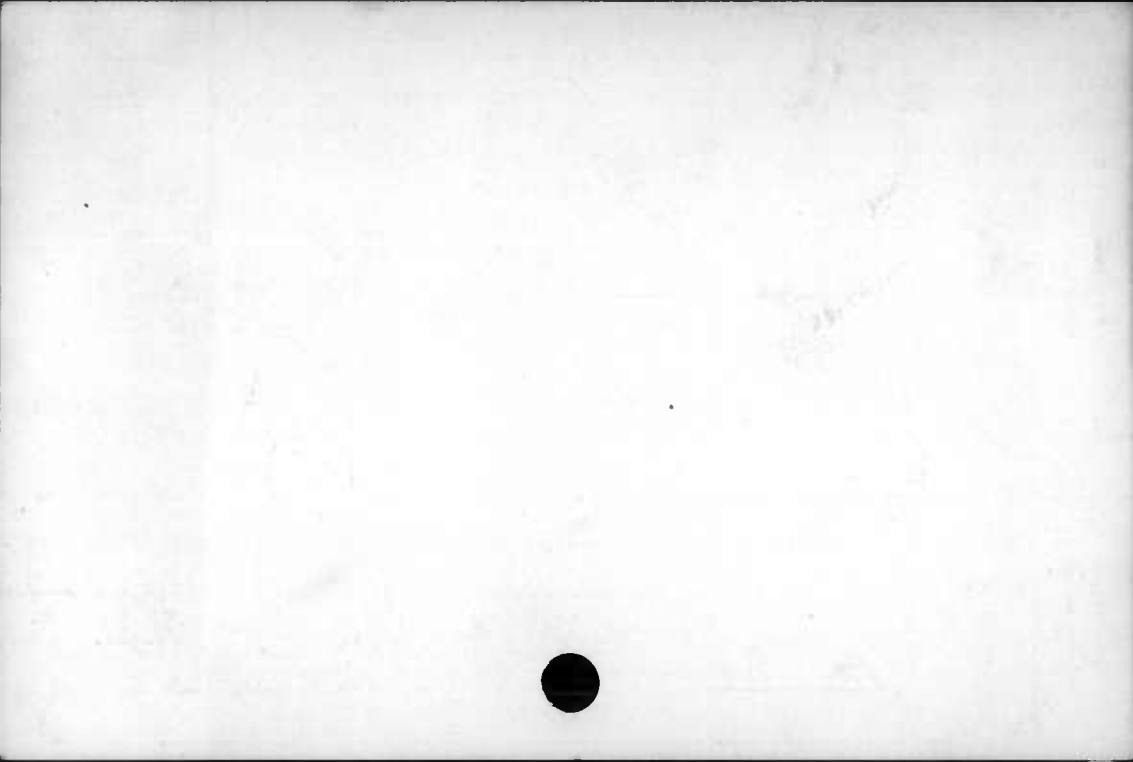
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Dr. H. H. H. H.
Upper Marlboro

Accident or Suicide?



Name
in
Full

Etta Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

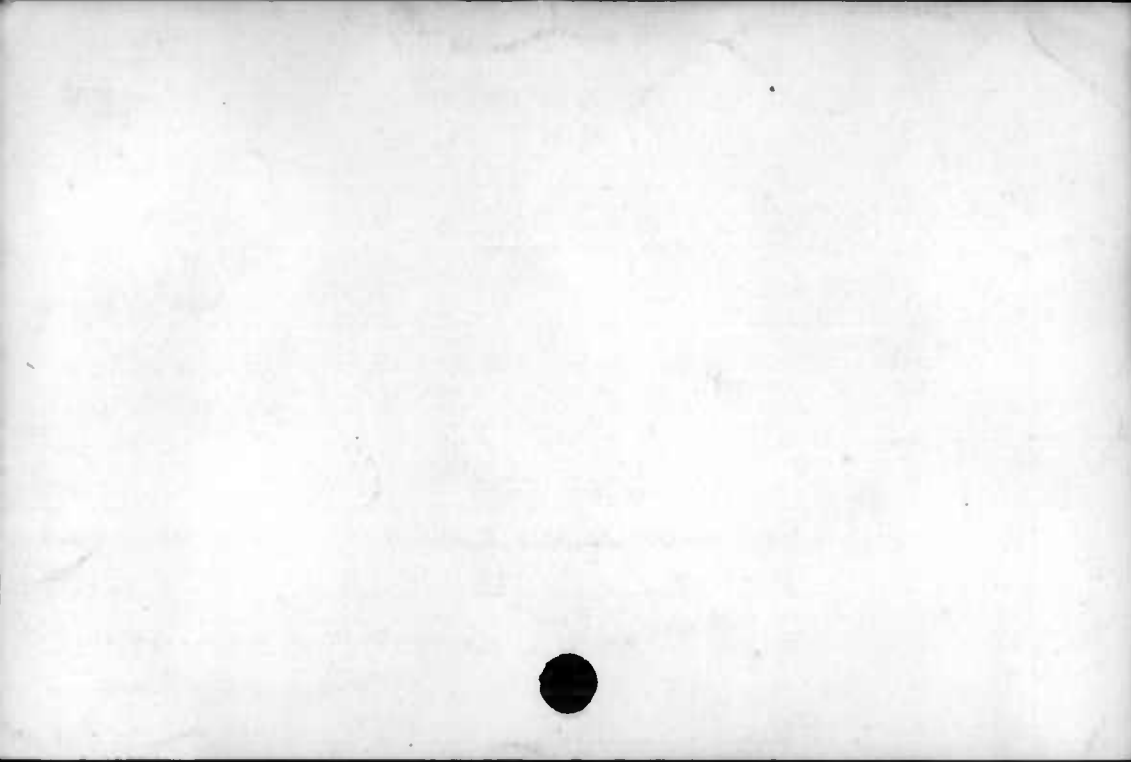
Died at		T.B.		Pr. Co. County		MARYLAND			
Date of death		1908	Month 8	Day 31	Age 12	Years	Months	Days	
Sex		Female		Color or Race		Colored		Birth-place	Med
Occupation		School girl		Where Residing if not at place of death					
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		George Davis		Father's Birthplace		Med			
Mother's Maiden Name		Margaret Jones		Mother's Birthplace		Med			
Name of person giving information		Geo. Davis		How related to deceased		father			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	6 months
Immediate	Asthma	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		John A. Coe	
Address		T.B.	
Accident or Suicide?			



Name
in
Full

Henry C Dobbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hyattsville Md</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Aug</i>	Day	<i>17</i>
Age	<i>63</i>	Years		Months	<i>—</i>
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>N y</i>
Occupation	<i>Government clerk</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>Maria E Dobbs</i>		
Father's Name	<i>John Dobbs</i>		Father's Birthplace	<i>N y</i>	
Mother's Maiden Name	<i>Don't know</i>		Mother's Birthplace	<i>N y</i>	
Name of person giving information	<i>Henry Dobbs</i>		How related to deceased	<i>son</i>	

CAUSES OF DEATH

80

PHYSICIAN
OR CORONER

Primary	<i>Angina pectoris</i>	How long	<i>since suddenly</i>
Immediate	<i>" "</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>H T Willis</i>	
		Address	
		<i>Hyattsville</i>	
Accident or Suicide?			
<i>No</i>		<i>and</i>	

Wm. H. Webb
Dec 1845 - Aug 1879 S.

~~1879~~
~~1878~~
~~1877~~

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDFlourman J. Fletcher
Died at Seat Pleasant P.D. County

MARYLAND

Date of death 1908 Aug 24 Age 43 Months — Days —

Sex Female Color or Race Black Birthplace Md

Occupation None Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Billy Fletcher

Father's Name John Green Father's Birthplace Md

Mother's Maiden Name unknown Mother's Birthplace Md

Name of person giving information Billy Fletcher How related deceased Husband

CAUSES OF DEATH

74

Primary Neurasthenia How long 3 mos.

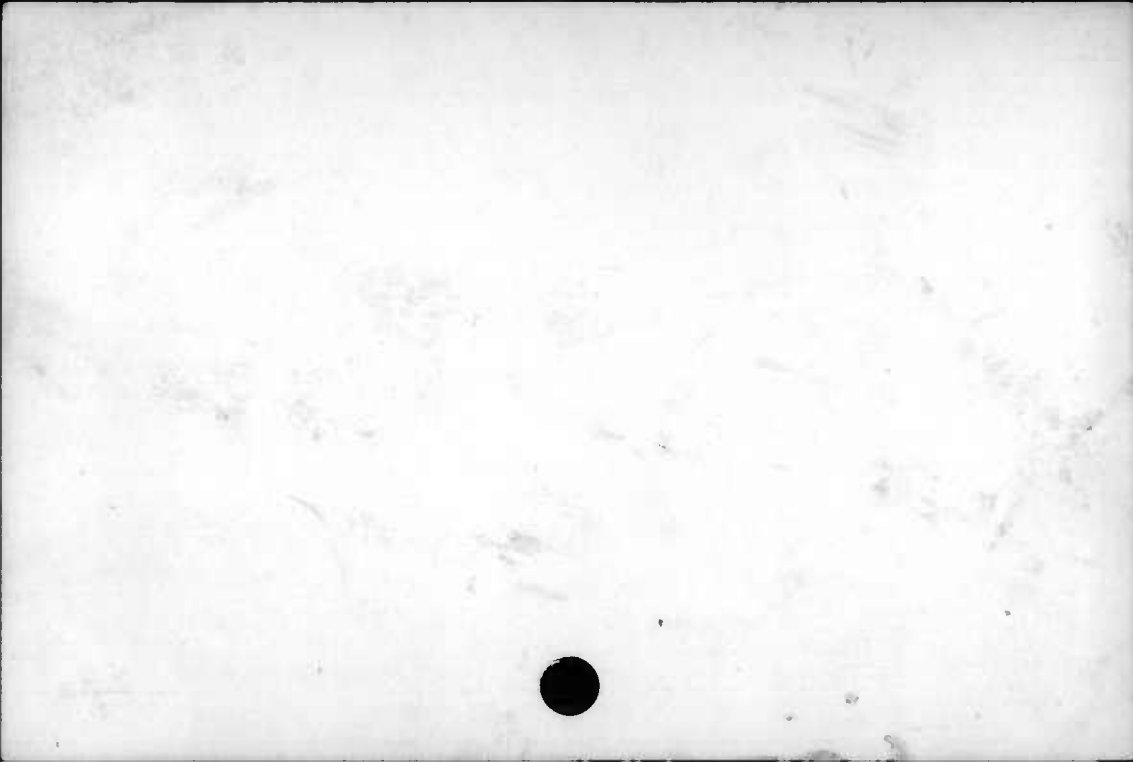
Immediate Exhaustion How long 24 hrs.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. S. Samsbury M.D.

Address Longsville, Md.

Accident or Suicide? neither



Name
in
Full

Benjamin Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

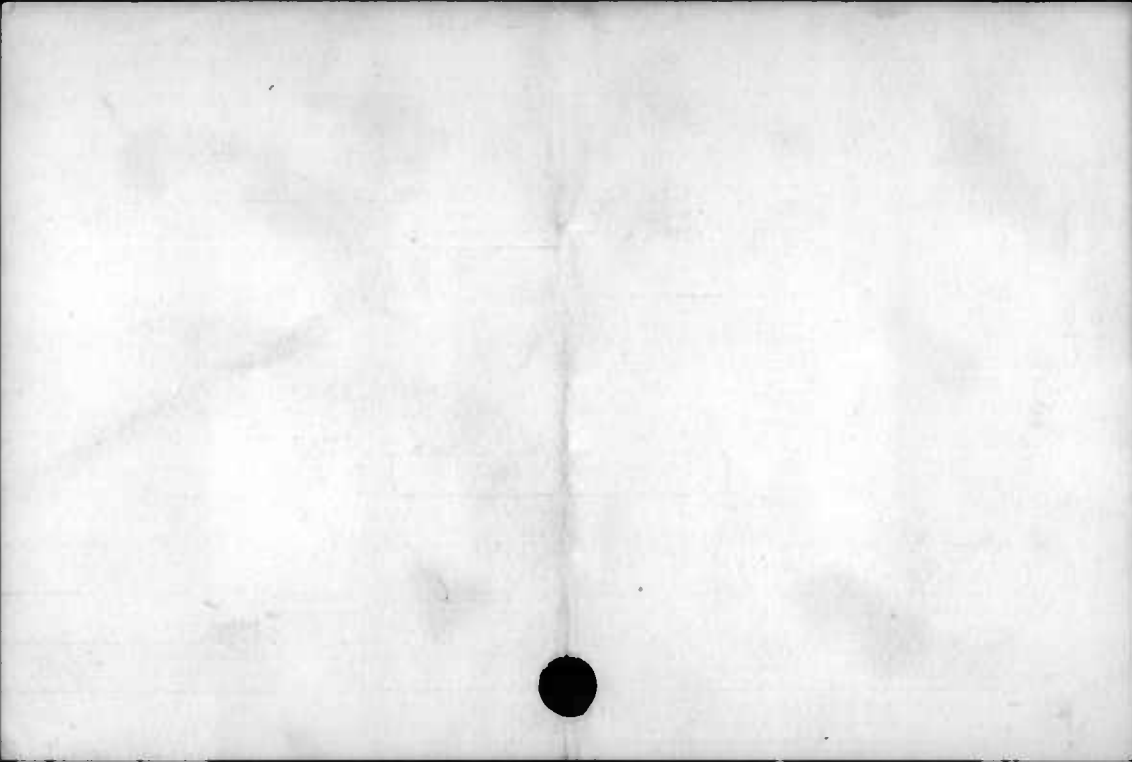
Died at <i>Tuxedo</i> ^{Town}		<i>Prince George's</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>Aug</i>	Day <i>7</i>	Age <i>65</i>	Months <i>—</i> Days <i>—</i>
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Nellie Ford</i>				
Father's Name <i>Henry Ford</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Florence Barnes</i>	Name of person giving information <i>Nellie Ford</i>		How related to deceased <i>wife</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>chronic nephritis</i>	How long <i>unknown</i>
Immediate <i>coma</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Brady</i>
	Address <i>Hamletworth, N.C.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Christina Ford</i>		Town <i>Wm Marlboro</i>		County <i>Essex</i>		State <i>MARYLAND</i>	
Died at <i>Wm Marlboro</i>		Month <i>Aug</i>		Day <i>12</i>		Age <i>45</i> about <i>—</i> Months <i>—</i> Days <i>—</i>	
Date of death <i>1908</i>		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Not known</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Jail Wm Marlboro</i>		Married, <i>—</i> or Widowed <i>—</i>		Name of Wife or Husband <i>Not known</i>	
Father's Name <i>Not known</i>		Father's Birthplace <i>Not known</i>		Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>	
Name of person giving information <i>H. W. Gme</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide? *—*



Name
in
Full

Thos. H. Foster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Tuxedo		County Prince George		MARYLAND	
Date of death	1908	Month Aug	Day 10	Age Years	36	Months	Days
Sex	male		Color or Race	white		Birth- place	New York
Occupation	Craftsman			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	Mary Anna Emrick			
Father's Name	John H. Foster					Father's Birthplace	N.Y.
Mother's Maiden Name	Don't know					Mother's Birthplace	N.Y.
Name of person giving in formation	Brewer B. Smith					How related to deceased	Brother in Law

CAUSES OF DEATH

159

PHYSICIAN
OR CORONER

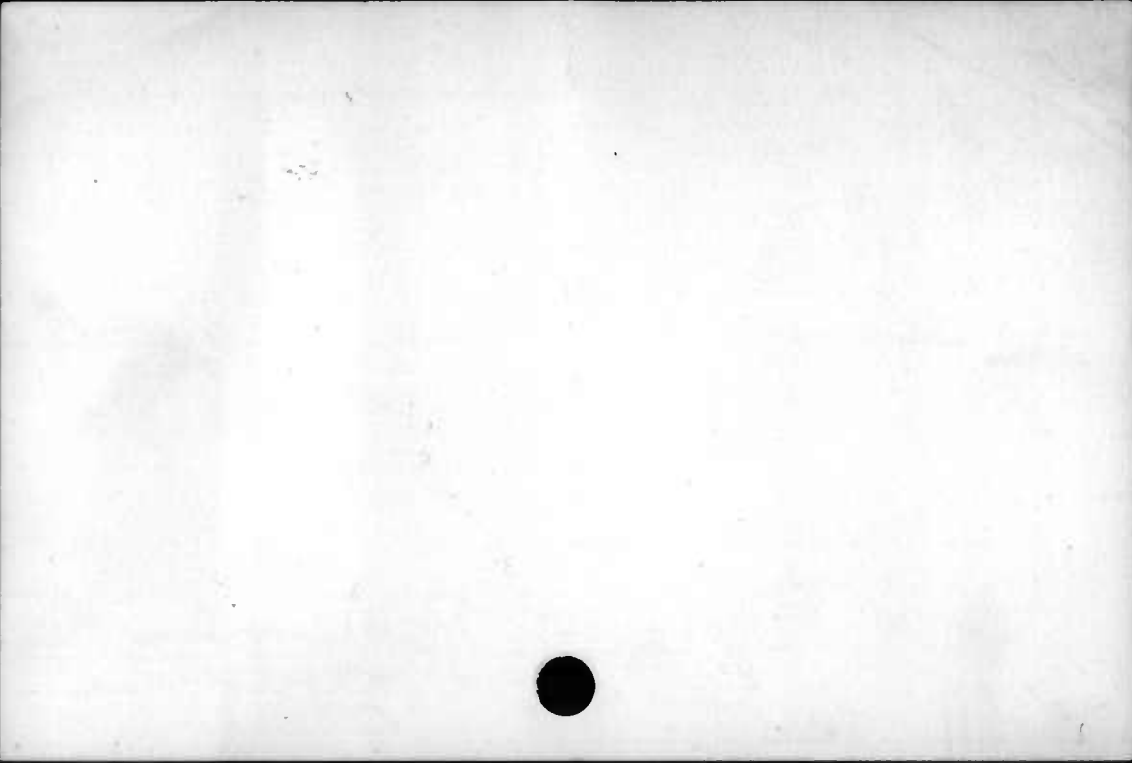
Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	
Address	
Accident or Suicide?	

Gun shot self inflicted

Augustus H. Decker

Acting Coroner

Bleedersburg Md



Name
in
Full

Vivian Viola Garner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

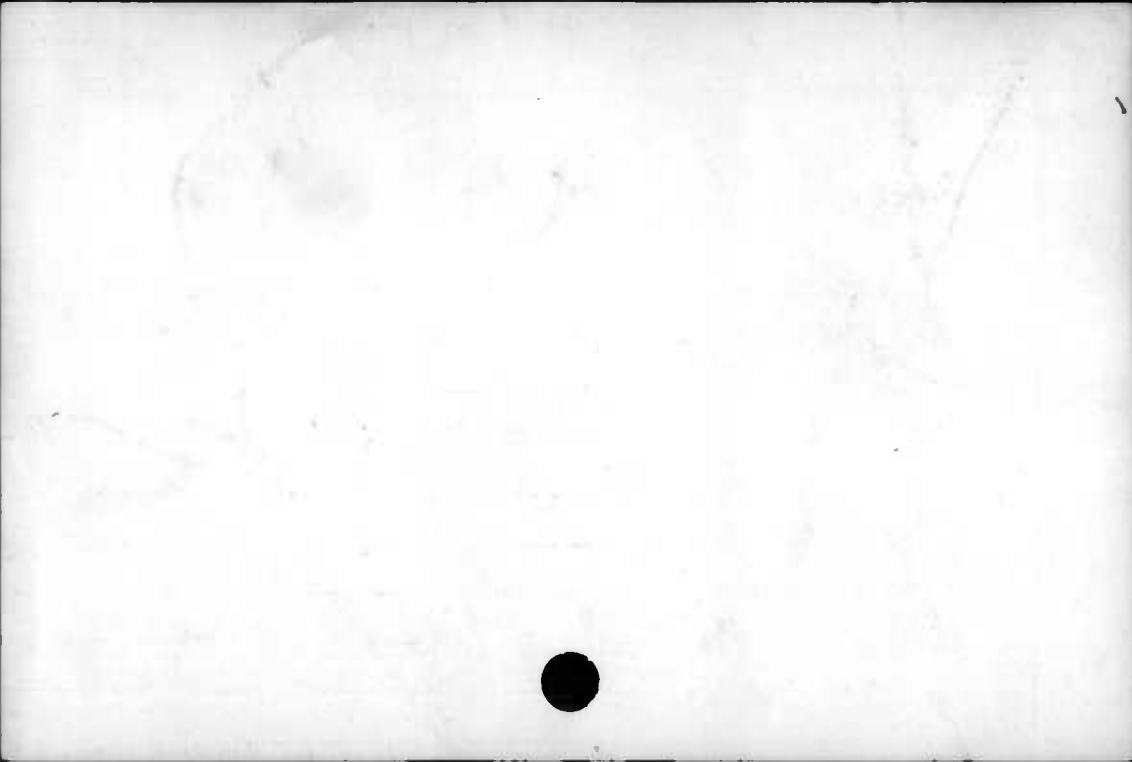
Died at Switzland <small>Town</small>		Prince Georges <small>County</small>		MARYLAND	
Date of death 1908 <small>Month</small>		aug <small>Day</small>		23 <small>Years</small>	
Age		11 <small>Months</small>		— <small>Days</small>	
Sex Female		Color or Race White		Birth-place Ind	
Occupation none		Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name Thomas W Garner		Father's Birthplace Ind			
Mother's Maiden Name Eva R Simpson		Mother's Birthplace Ind			
Name of person giving information Thomas W Garner		How related to deceased Father			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary Marasmus	How long 3 months
Immediate collapse	How long 24 hrs
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J E Sampson
Address Forrestville	Ind
Accident or Suicide? neither	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Clarissa Gladden

Died at *Accokeek* Town*Pr. Geo.* County

MARYLAND

Date
of death *1908*Month *Aug*Day *30*Age *96*

Years

Months

Days

Sex *Female*Color or
Race *Colored*Birth-
place *Pr. Geo. Co. Md.*Occupation *House wife*Where Residing if not
at place of deathMarried, Single
or Widowed *Widow*Name of Wife or
Husband *Jeremial Gladden*Father's
Name *David Butler*Father's
Birthplace *Not known*Mother's
Maiden Name *Not known*Mother's
Birthplace *" "*Name of person giving
In formation *William Gladden*How related
to deceased *Son*

CAUSES OF DEATH

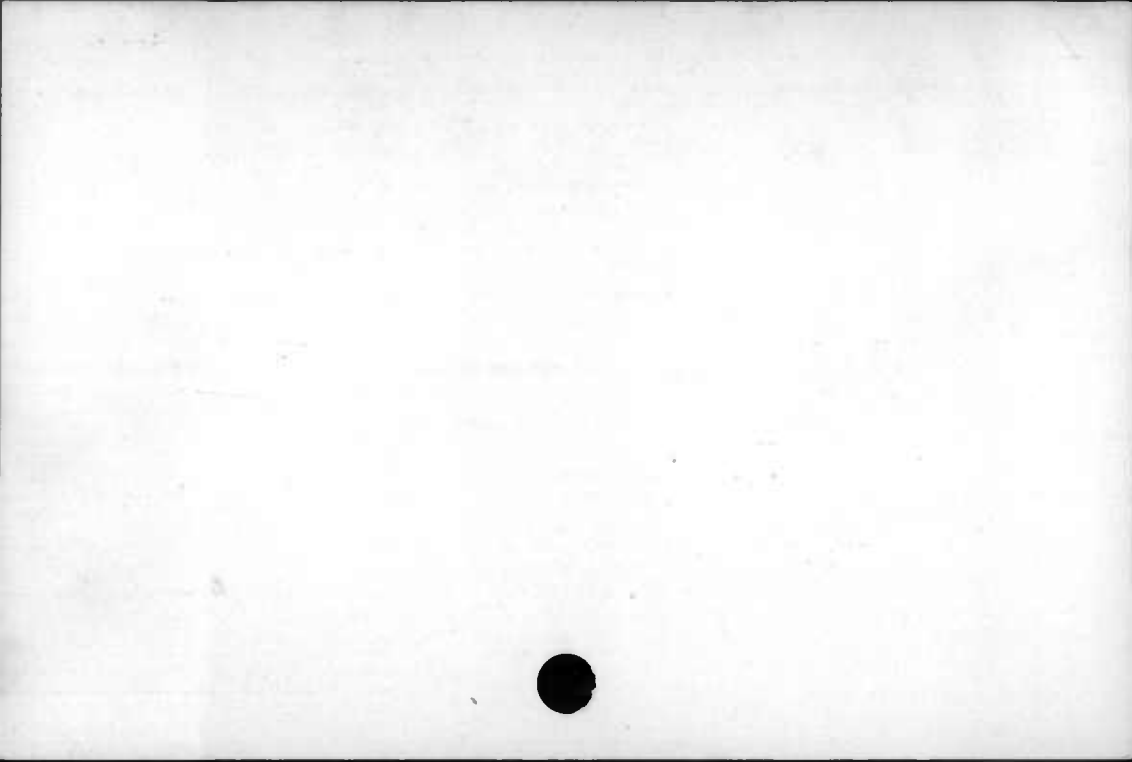
154

Primary

How long

Immediate *Infirmities of Age*How long *Sudden*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *E. D. Smith, M.D.*Address *Piscataway
Md.*

Accident or Suicide?



Name
in
Full

Elmer Grimes

CERTIFICATE OF DEATH

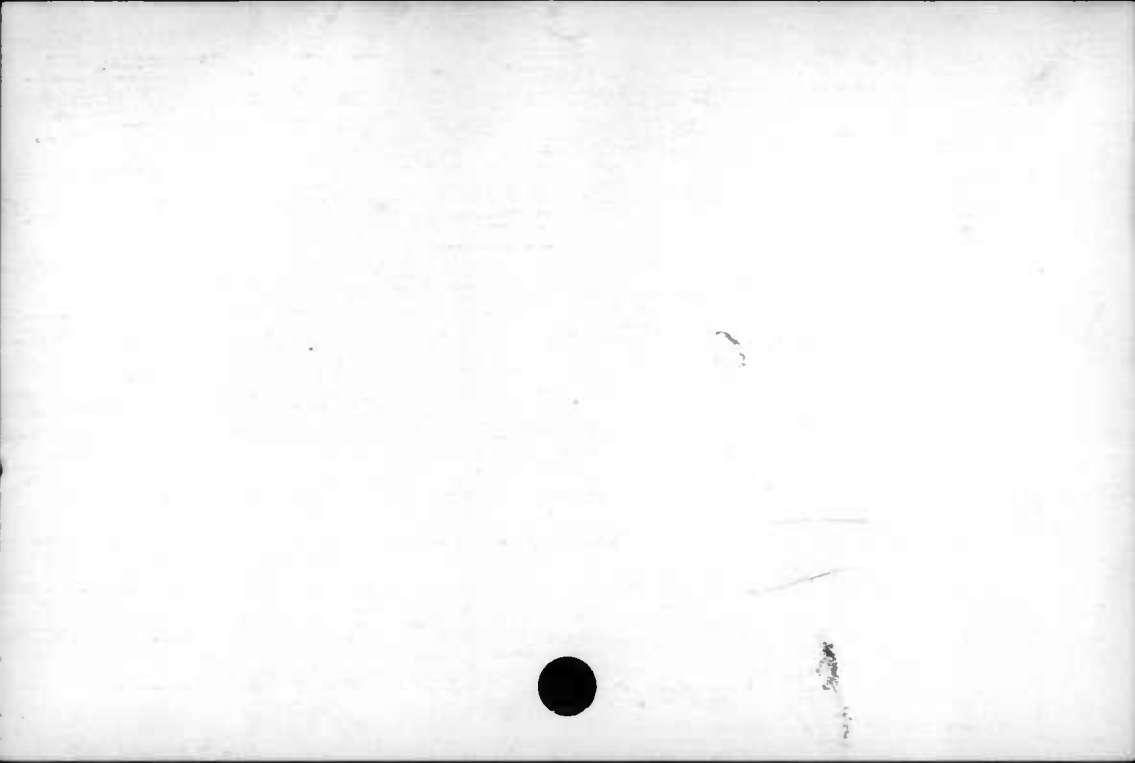
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Aquasco</i> ^{Town}		<i>Prince Georges</i> ^{County}		MARYLAND	
Date of death <i>1908 Aug.</i>	Month	Day <i>11</i>	Years <i>4</i>	Months <i>5</i>	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>at home</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Andrew Grimes</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Angelica Demar</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Andrew Grimes</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever, abscess right lung, vomiting & purging</i>	How long <i>Fever lasted three weeks</i>
Immediate <i>Pus absorption & inanition</i>	How long <i>20 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. A. Marbury M.D.</i>
	Address <i>Aquasco, Maryland</i>
Accident or Suicide?	



Name
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Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

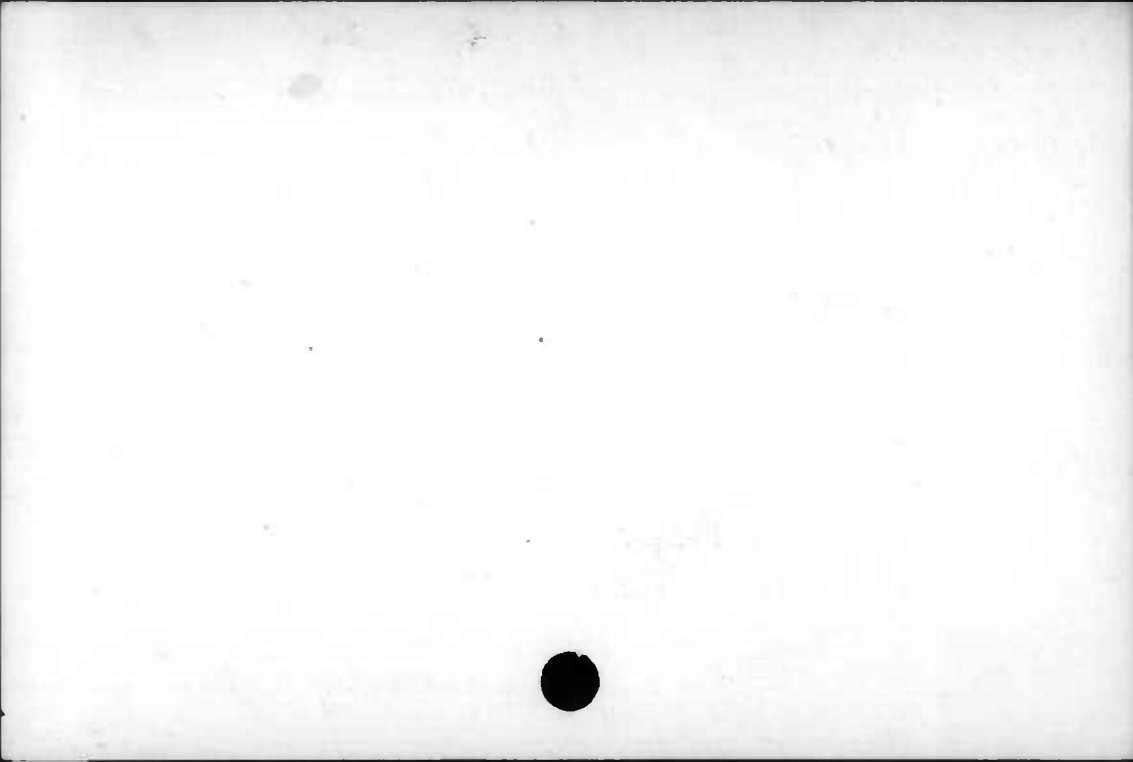
Died at <u>Meadows</u> ^{Town} <u>P. C.</u> ^{County}		MARYLAND	
Date of death <u>1908</u> ^{Year} <u>Aug</u> ^{Month} <u>25</u> ^{Day} <u>5</u> ^{Years} <u>3</u> ^{Months} <u>—</u> ^{Days}			
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>md.</u>	
Occupation <u>Farming</u>	Where Residing if not at place of death <u>—</u>		
Married, <u>Single</u> <u>married</u>	Name of Wife <u>Anna Groves</u>		
Father's Name <u>unknown</u>	Father's Birthplace <u>unknown</u>		
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Manuel Stephenson</u>	How related to deceased <u>None</u>		

CAUSES OF DEATH

114

PHYSICIAN
OR CORONER

Primary <u>catarrhal jaundice</u>	How long <u>2 yrs</u>
Immediate <u>scorbutic</u>	How long <u>2 1/2 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John E. Sausbury</u>
	Address <u>Forrestville</u>
Accident or Suicide? <u>neither</u>	<u>md</u>



Name
in
Full

Blanche Olive Hopkins

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Lanval

Prince George

Date

Month

Day

Years

Months

Days

of death 1908 aug

28

Age

20

9

27

Sex

female

Color or
Race

white

Birth-
place

Prince Geo. Co. Md

Occupation

Saleslady

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

John Lyson Hopkins

Father's
Birthplace

Md.

Mother's
Maiden Name

Elizabeth Ann Sullivan

Mother's
Birthplace

Md

Name of person giving
In formation

Miss Ada Hopkins

How related
to deceased

Sister.

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis.

How long

1 year

Immediate

Asthma & Heart failure

How long

2 days.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature
Physician

Address

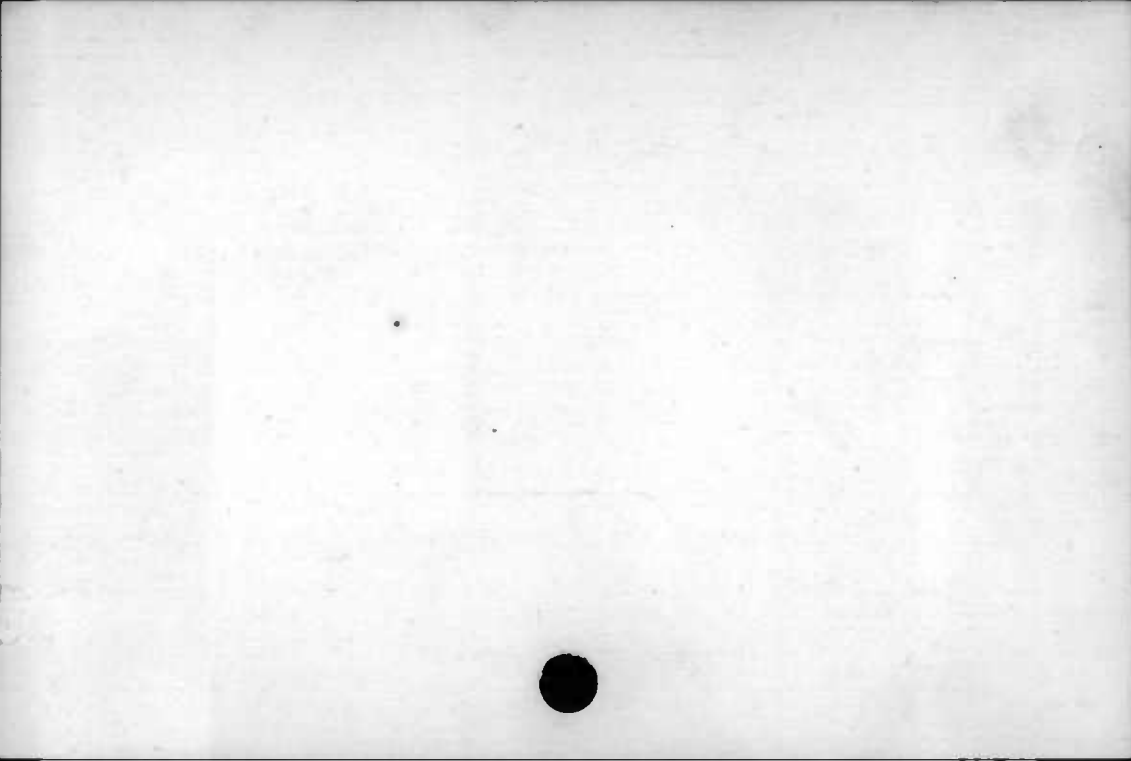
Dr. R. C. Harby

Lanval.

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

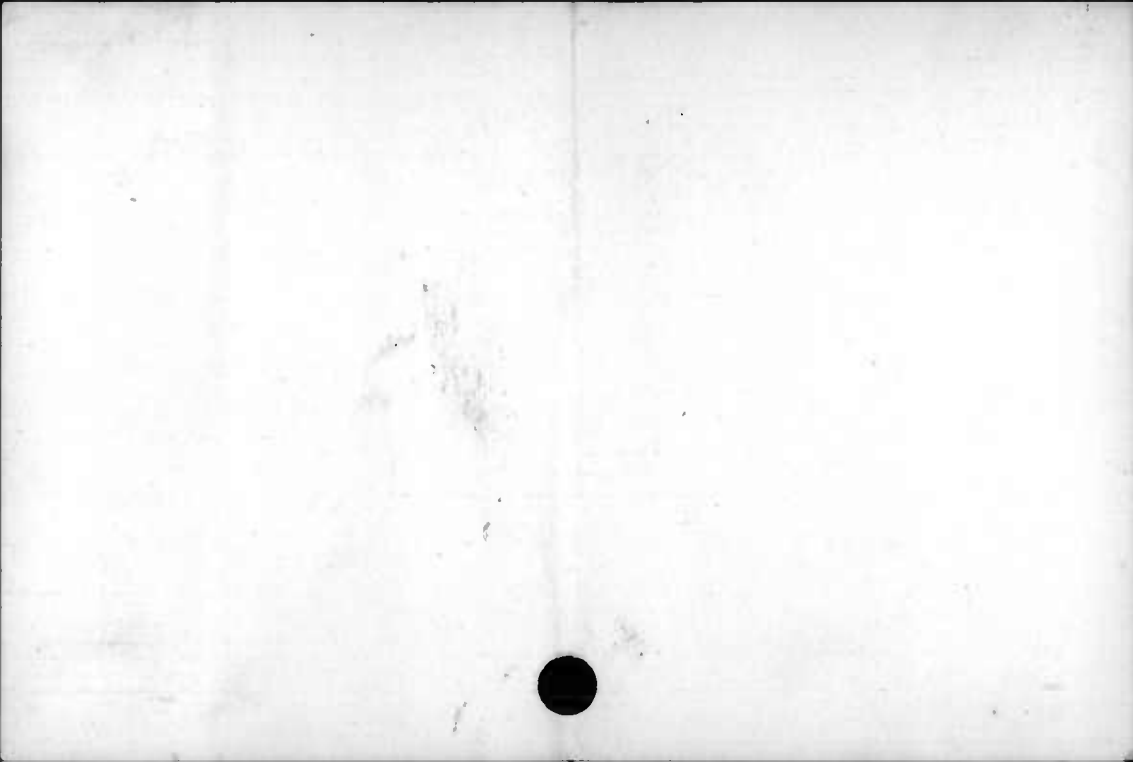
Name in Full <i>Henretta Johnson</i>		Town <i>Rossmore</i>		County <i>P. G.</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Month <i>Aug</i>		Day <i>26</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Age <i>78</i>		Months	
Occupation <i>Housewife</i>		Birth-place <i>Mid</i>		Where Residing if not at place of death		Days	
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Bernard Johnson (Deceased)</i>		Father's Birthplace <i>Mid</i>		Mother's Birthplace <i>Mid</i>	
Father's Name <i>Emmanuel Stuart</i>		Mother's Maiden Name <i>Ara Carrall</i>		Name of person giving information <i>Thomas Johnson</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Mitral Regurgitation</i>		How long <i>14 years</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. H. Gibbons</i>	
		Address <i>Croom mid</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Elizabeth Midwell

Died at

Near Wp. Marlboro

Town

County

MARYLAND

Date

of death 1908

Month

8

Day

14

Age

Years

30

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

House wife

Where Residing if not
at place of death

- - - -

Married, Single
or Widowed

Married

Name of Wife or
Husband

William Midwell

Father's
Name

Unknown Richardson

Father's
Birthplace

Md

Mother's
Maiden Name

Unknown Mary Richardson

Mother's
Birthplace

Md

Name of person giving
Information

William H Midwell

How related
to deceased

Father-in-law

CAUSES OF DEATH

134

Primary

Abortion with hemorrhage

How long

2 days

Immediate

Syncope

How long

5 hrs

Are the name, age, sex, color, date
and place correctly given above?

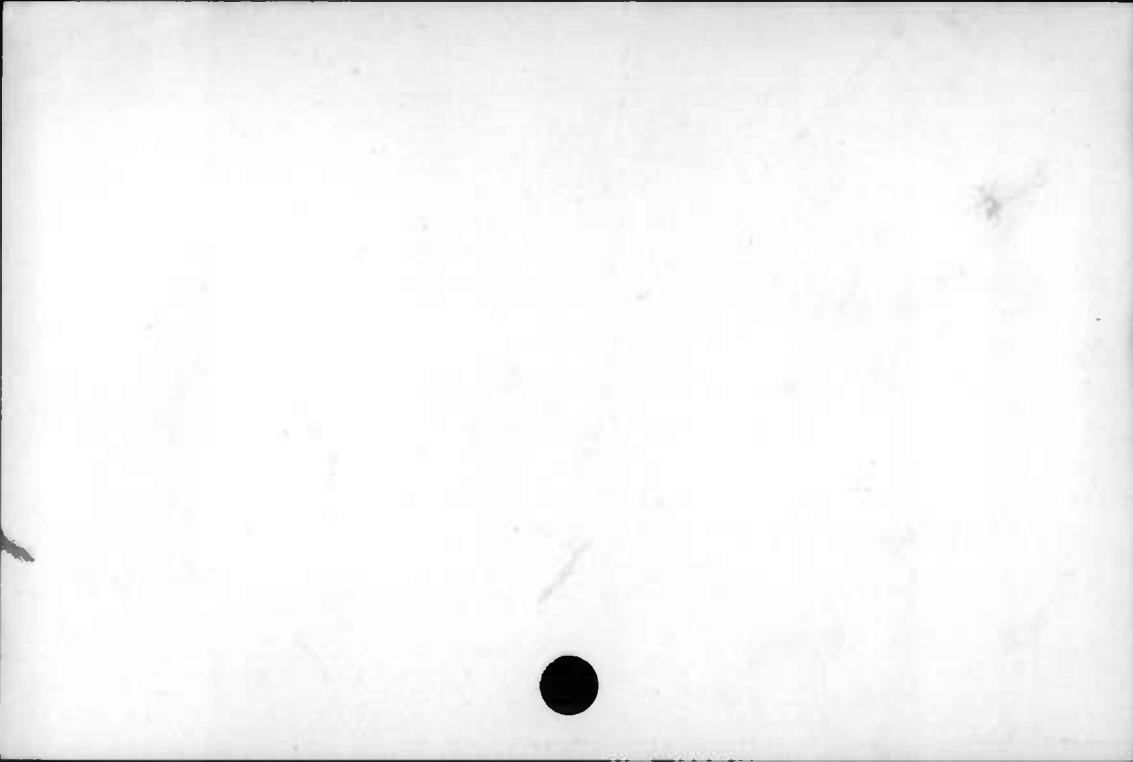
Yes

Signature of
Physician

Address

Randy Sasser M.D.
Pepper Marlboro
P.O. Box 12nd

Accident or Suicide?



Name
in
Full

William Latimer

CERTIFICATE OF DEATH

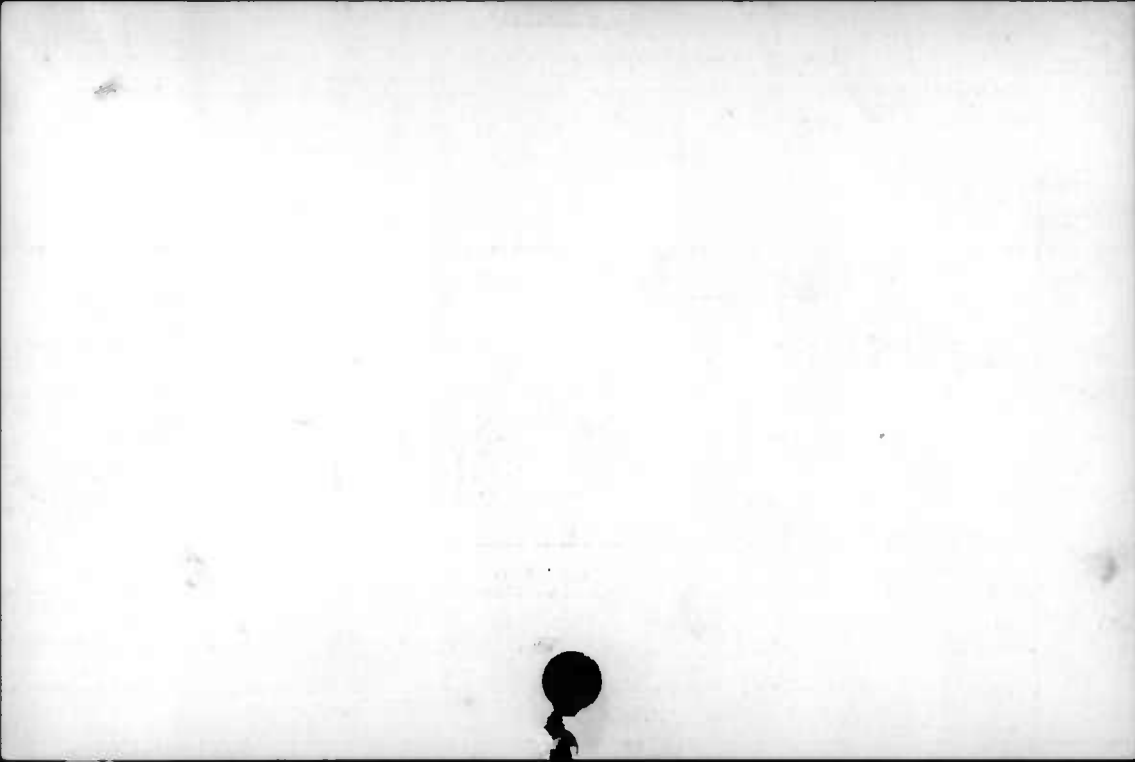
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Silver Hill</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Aug</i> <small>Month</small>	<i>14</i> <small>Day</small>	Age <i>24</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ill.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single <i>Married</i> or Widowed		Name of Wife or <i>Lawrence Latimer</i> <small>Husband</small>			
Father's Name <i>J. S. Minuto</i>			Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>Erynna Peck</i>			Mother's Birthplace <i>Chicago</i>		
Name of person giving information <i>Lawrence Latimer</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3 weeks</i>
Immediate <i>Intestinal obstruction</i>	How long <i>8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Sawbury</i>
<i>Accident or Suicide?</i> <i>neither</i>	Address <i>Loroville, Md.</i>



Name
in
Full

Edna Gertrude Laiskure

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

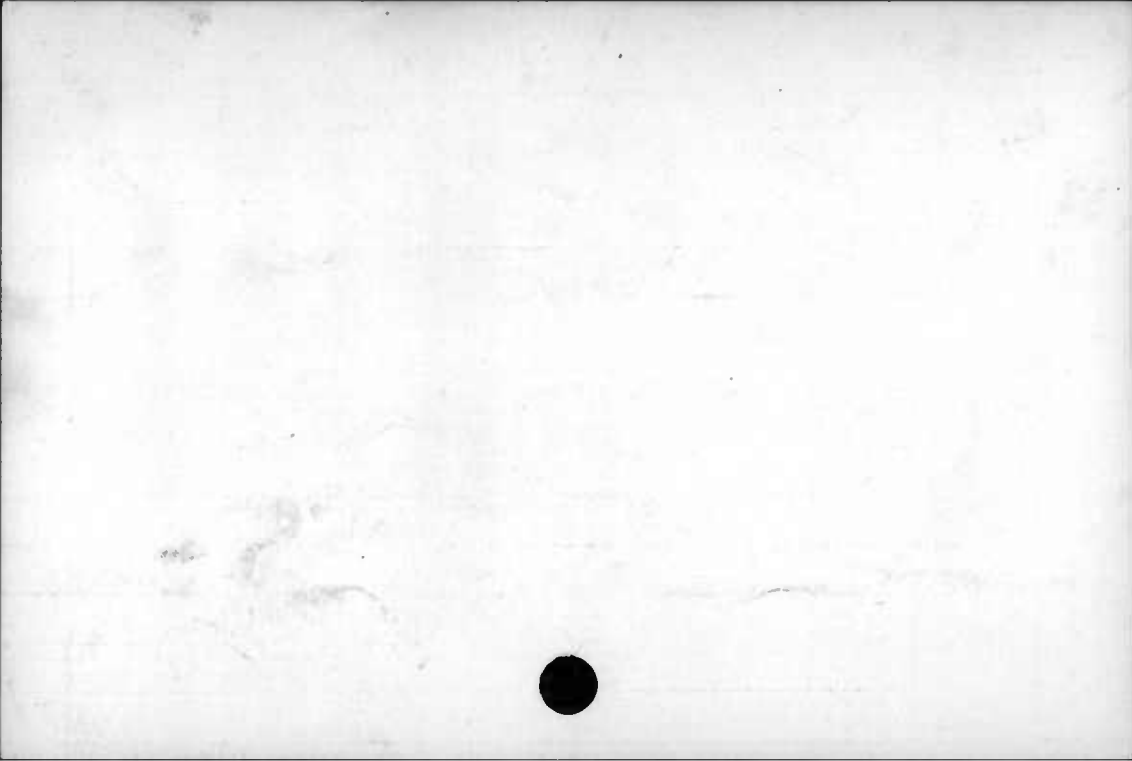
Died at		Town Laurel		County Pr. Geo.		MARYLAND	
Date of death 1908		Month Aug	Day 16 th	Age Years		Months 10	Days 17
Sex Female		Color or Race white		Birth- place Laurel -			
Occupation Unemployed		Where Residing if not at place of death Laurel.					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Joseph P. Laiskure		Father's Birthplace Montgomery					
Mother's Maiden Name Marie D. Connor		Mother's Birthplace Howard Co.					
Name of person giving In formation Joseph P. Laiskure		How related to deceased Father					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	10 weeks
Immediate	Exhaustion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. R. Hunt	
Address		Laurel	
Accident or Suicide?		—	



Name
in
Full

CERTIFICATE OF DEATH

Samuel H. Song —

Died at *The Samuel Town Samlarin Samuel County Prince George's MARYLAND*

Date of death *1908* Month *8* Day *17* Age *43* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Station Agent* Where Residing if not at place of death *The S. Hagerstrom*

Married, ~~Single~~ or Widowed Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information How related to deceased *No.*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary *Cerebral Hemorrhage* How long *65* *2 yrs*

Immediate *Pulmonary Embolism* How long *12 hrs*

Are the name, age, sex, color, date and place correctly given above? *Yes*

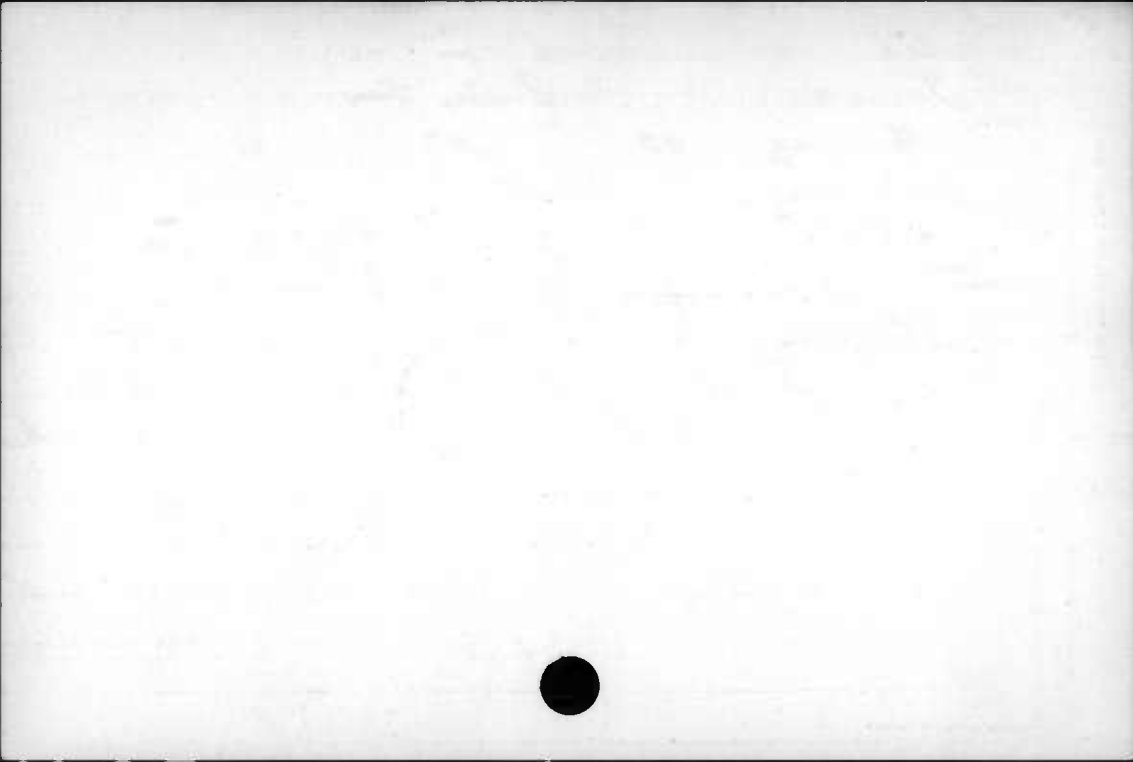
Signature of Physician *Jesse C. Coggin*

Address *Samuel*

md

~~Accident or Suicide?~~

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

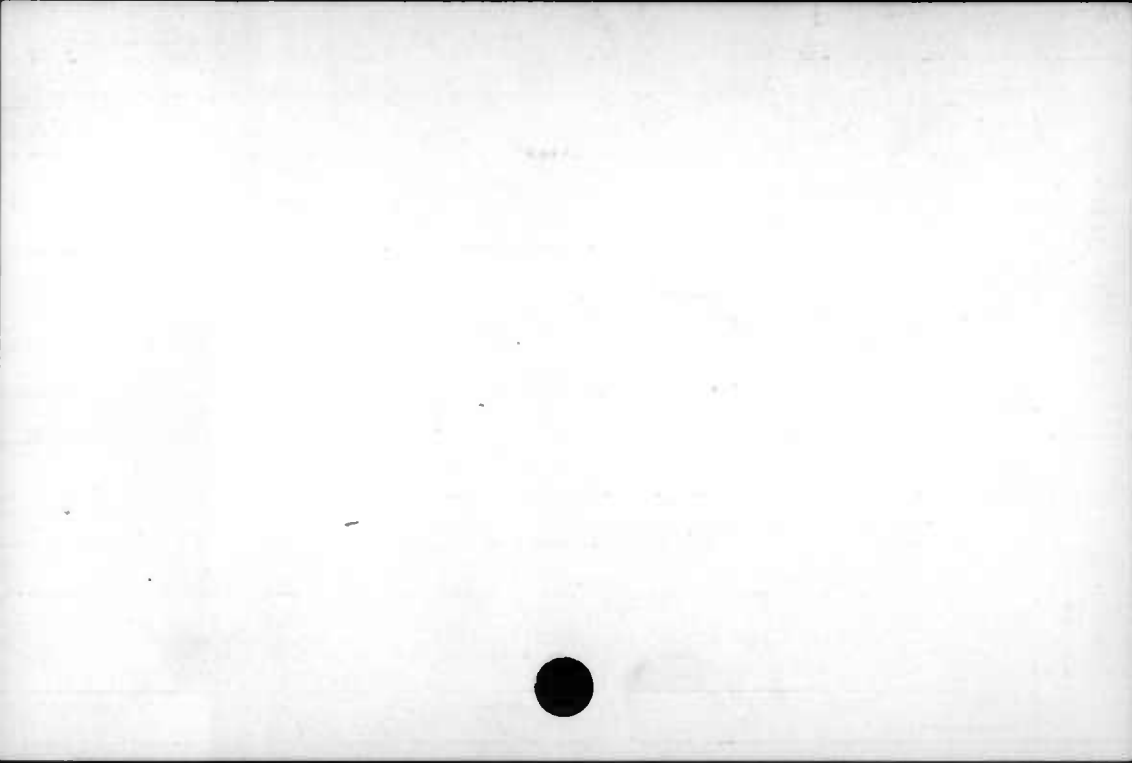
Name in Full <i>Lydia Ann Towery</i>		Town <i>Towery</i>		County <i>Prince Geo</i>		MARYLAND	
Died at <i>Towery</i>		Month <i>Aug</i>		Day <i>30</i>		Years <i>57</i>	
Date of death <i>1908</i>		Month <i>Aug</i>		Day <i>30</i>		Months <i>11</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>		Days	
Occupation <i>Knitter</i>		Where Residing if not at place of death <i>Hager's Inn</i>					
Married, yes <i>yes</i>		Name of Wife or Husband <i>James B Towery</i>					
Father's Name <i>Henry Dittler</i>		Father's Birthplace <i>P. A</i>					
Mother's Maiden Name <i>Susan Grove</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>James B. Towery</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	<i>Obstruction of bowels</i>	How long	<i>3 days</i>
Immediate	<i>Obstruction of bowels</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>L. W. Chesley</i>	
		Address <i>Towery Ind</i>	
Accident or Suicide?			



Name
in
Full

Theresa Marshall

CERTIFICATE OF DEATH

Died at ^{Town} *Mellwood* ^{County} *Prince George* **MARYLAND**Date of death **190** ^{Month} *Aug* ^{Day} *1* ^{Years} *28* ^{Months} *—* ^{Days} *—*Sex *Female* Color or Race *Black* Birth-place *md*Occupation *Housework* Where Residing if not at place of deathMarried, Single *Single* Name of Wife or HusbandFather's Name *William Marshall* Father's Birthplace *md*Mother's Maiden Name *Betsy Stuart* Mother's Birthplace *md*Name of person giving information *Jasper Marshall* How related to deceased *Brother*

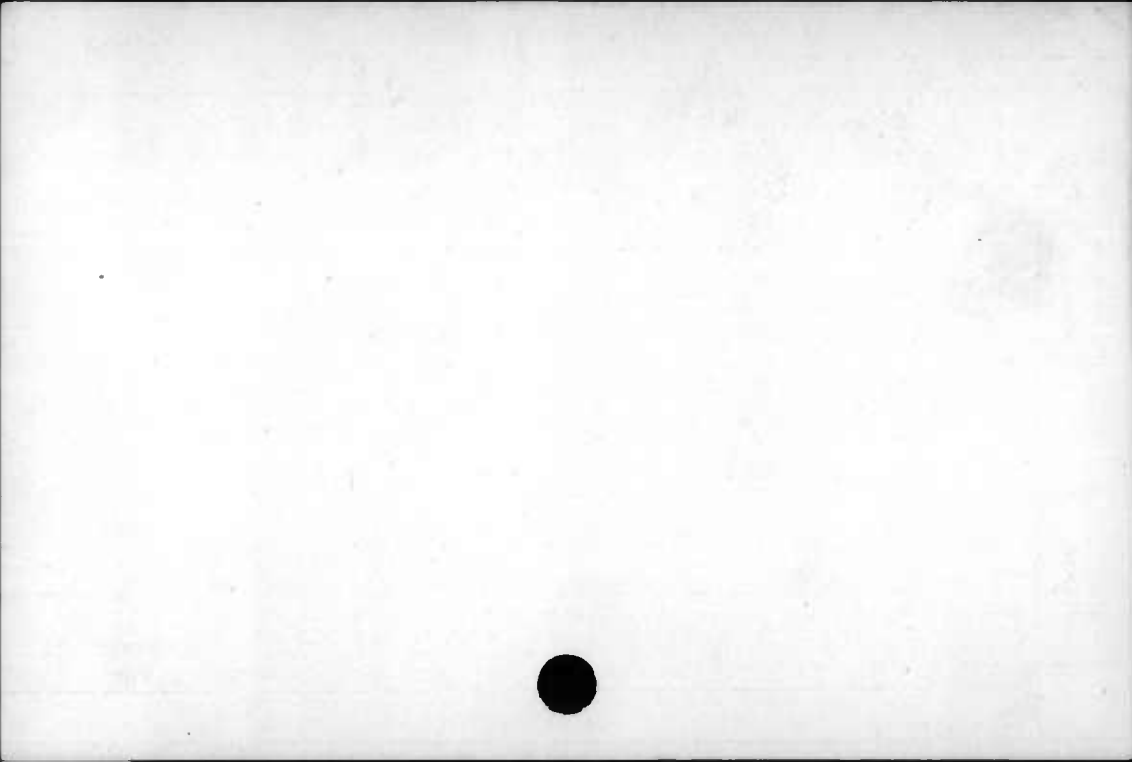
CAUSES OF DEATH

179Primary *unknown* How long *1 week*Immediate *collapse* How long *24 hrs*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide? *Neither.**John C. Daugherty*
Farmville
*md*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Accokeek</i> ^{Town}		<i>P. Geo</i> ^{County}		MARYLAND	
Date of death <i>1908</i> ^{Month} <i>Aug.</i> ^{Day} <i>10</i> ^{Age} <i>—</i> ^{Years} <i>—</i> ^{Months} <i>3</i> ^{Days}		Sex <i>Male</i> ^{Color or Race} <i>Colored.</i>		Birth-place <i>Wash. D.C.</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>William Matthews.</i>		Father's Birthplace <i>Chas. Co. Md.</i>			
Mother's Maiden Name <i>Maria Washington</i>		Mother's Birthplace <i>P. Geo. Co. Md.</i>			
Name of person giving information <i>William Matthews.</i>		How related to deceased <i>Father.</i>			

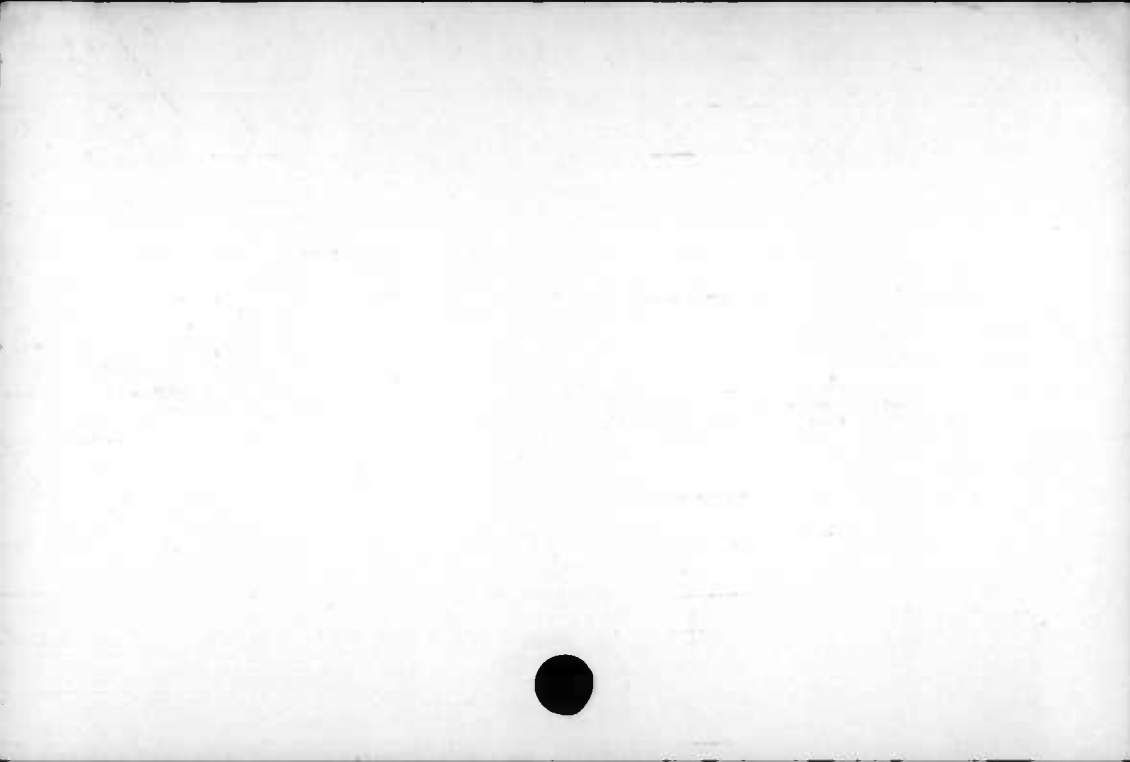
CAUSES OF DEATH

105

How long

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Cholera Infantum.</i>		How long <i>One month</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>E. S. Hurt. M.D.</i>	
Accident or Suicide?		Address <i>Piscataway Md.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

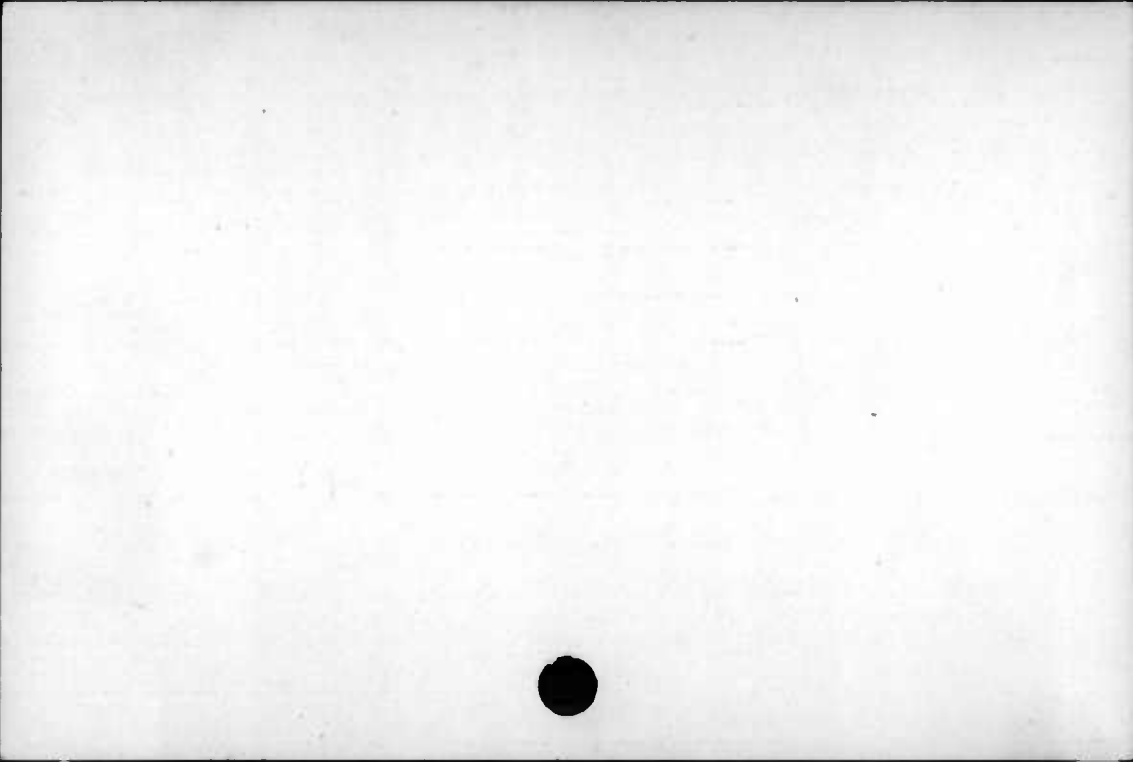
Died at <i>Mar. 1st</i> ^{Town} <i>Madison</i> ^{County} <i>Plas</i>		MARYLAND	
Date of death	<i>1908</i>	<i>9</i> ^{Month}	<i>20</i> ^{Day}
		<i>6</i> ^{Years}	<i>—</i> ^{Months}
		<i>—</i> ^{Days}	
Sex	<i>Male</i>	Color or Race	<i>White</i>
Occupation	<i>— — —</i>	Birth-place	<i>Md</i>
Where Residing if not at place of death		<i>— — —</i>	
Married, Single or Widowed	<i>— —</i>	Name of Wife or Husband	<i>— — —</i>
Father's Name	<i>Alex. Moore</i>	Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>May H Ryan</i>	Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>Alex. Moore</i>	How related to deceased	<i>father</i>

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>7 days</i>
Immediate	<i>Syncope</i>	How long	<i>1 1/2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Reverdy Sasser</i>
		Address	<i>Upper Madison</i>
			<i>Md</i>
Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

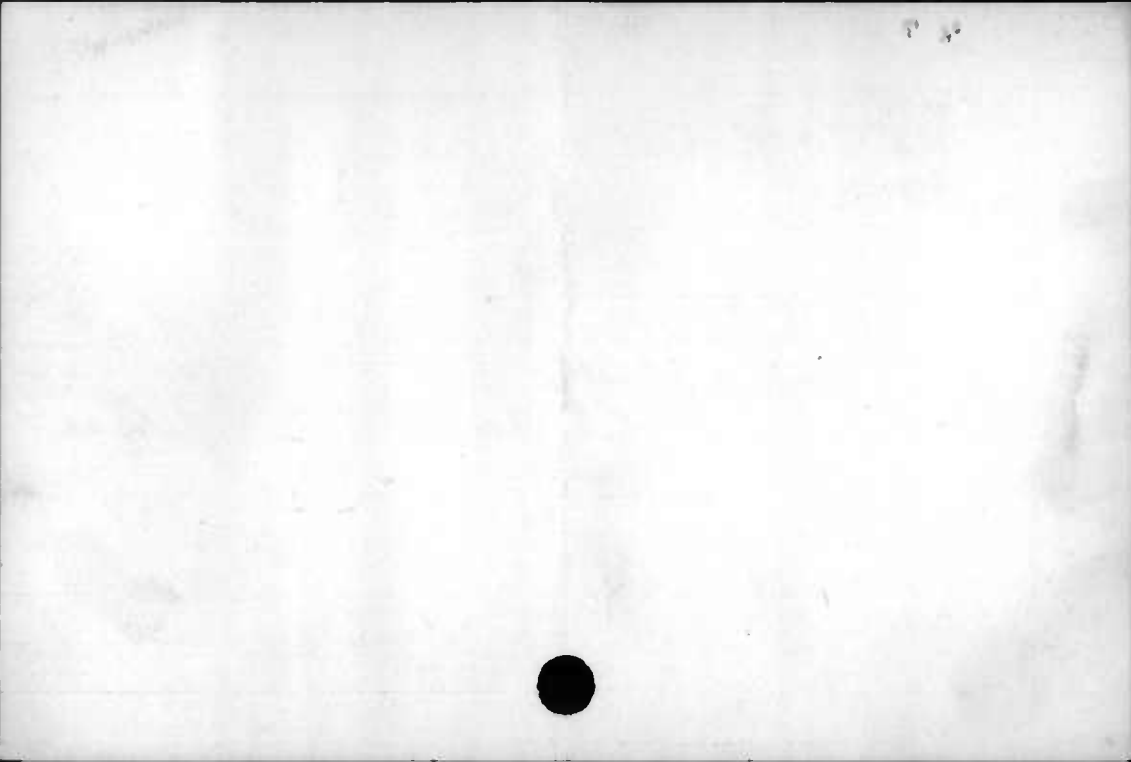
Name <i>Frank Leroy Nalley</i>		Town <i>Hall</i>		County <i>Prince George</i>		State <i>MARYLAND</i>	
Died at <i>Hall</i>		Date of death <i>1908 Aug 23rd</i>		Age <i>1</i> Years <i>1</i> Months <i>22</i> Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Youth, D.C.</i>			
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>			
Father's Name <i>Henry Nalley</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Lena Nothel</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving In formation <i>Lena N. Nalley</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>		How long <i>5 days</i>	
Immediate <i>Infection</i>		How long <i>1 day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. J. Smith</i>	
		Address <i>Hall, Md.</i>	
Accident or Suicide? <i></i>			



Name
in
Full

Marie E. Norris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

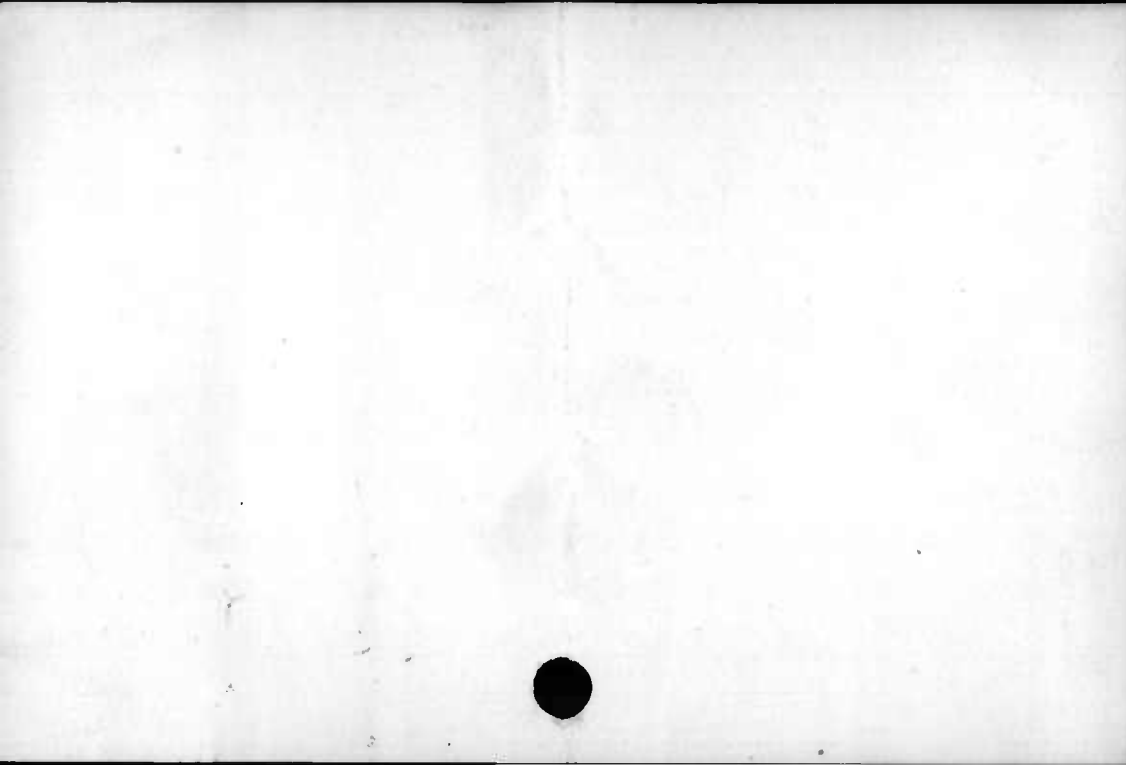
Died at		Town <i>Cottage city</i>		County <i>Prince George</i>		MARYLAND	
Date of death		Month <i>Aug</i>	Day <i>16</i>	Age <i>-</i>	Years <i>-</i>	Months <i>8</i>	Days <i>-</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>md.</i>			
Occupation <i>-</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Paul E Norris</i>		Father's Birthplace <i>Ohio</i>					
Mother's Maiden Name <i>Mary Heath</i>		Mother's Birthplace <i>Va</i>					
Name of person giving information <i>Paul E Norris</i>		How related to deceased <i>Father.</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>4 or 5 weeks.</i>
Immediate <i>Exhaustion & Collapse.</i>	How long <i>8 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>P. A. Bennett.</i>
	Address <i>Riverdale Md.</i>
Accident or Suicide? <i>-</i>	



None
in
Full

Edward Jackson Phelps

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Laurel		County Pr. Geo.		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	1908	Aug.	21	81	2	8	
Sex	Male		Color or Race	White		Birth-place	a. a. Co
Occupation	Merchant			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband	Sarah Eliz. Phelps			
Father's Name	Richard Phelps				Father's Birthplace		
Mother's Maiden Name	Sallie Phelps				Mother's Birthplace		
Name of person giving information	Edward Phelps				How related to deceased Son		

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	Gastro Enteric Catarrh	How long	Several years
Immediate	Failure Vital power	How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		John Cronin M.D.	
Address		Laurel Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

John Porter

Died at Annapolis

Town

County

Date

1908

Month

Aug

Day

28

Age

Years

21

Months

Days

Sex

male

Color or
Race

Colored

Birth-
place

md

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John Porter (deceased)

Father's
Birthplace

md

Mother's
Maiden Name

Margaret Forbes

Mother's
Birthplace

md

Name of person giving
information

Mary Hall

How related
to deceased

none

CAUSES OF DEATH

How long

1

How long

Primary

Typhoid fever

Immediate

Heumorrhagic fever

Are the name, age, sex, color, date
and place correctly given above?

yes

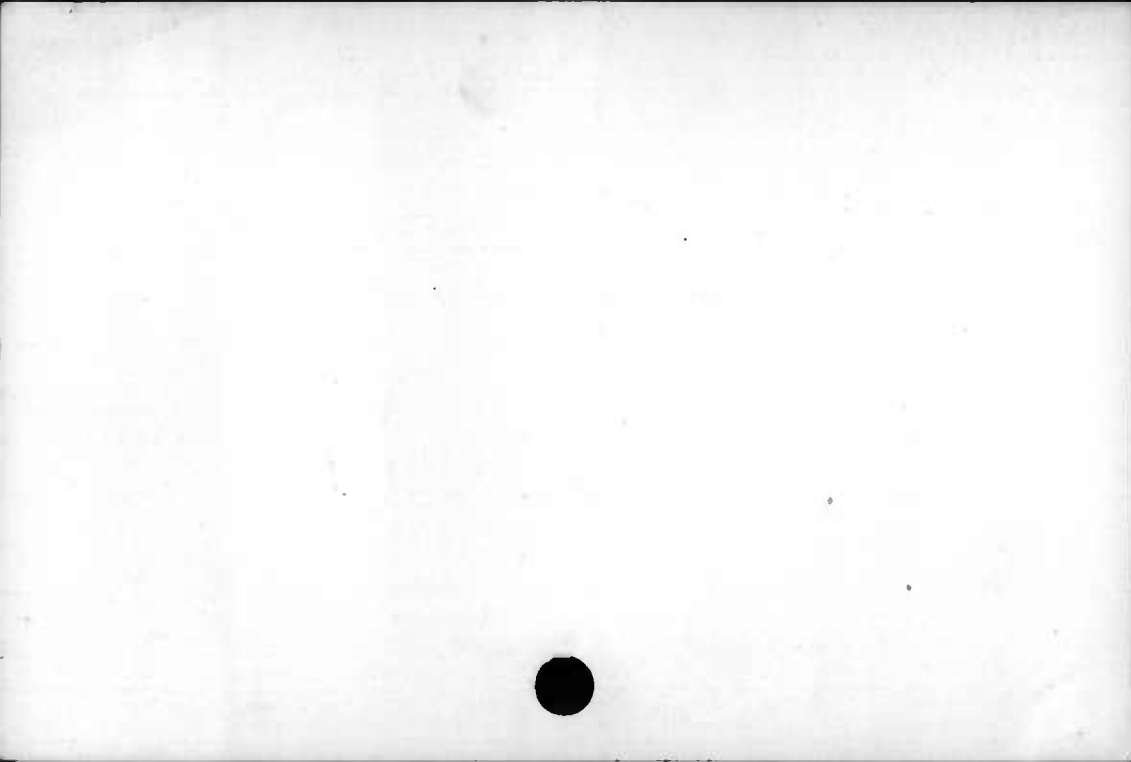
Signature of
Physician

Address

A. H. Gibbons

Annapolis md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name **Edward Powell**

Died at **Mitchellville** Town **Prince George** County **MARYLAND**

Date of death **1908** Month **Aug** Day **7** Age **24** Years **3** Months **3** Days **X**

Sex **Male** Color or Race **Negro** Birth-place **Maryland**

Occupation **Laborer** Where Residing if not at place of death **"**

Married, Single or Widowed **Single** Name of Wife or Husband **"**

Father's Name **Jacob Powell** Father's Birthplace **Ind**

Mother's Maiden Name **Margaret Herbert** Mother's Birthplace **"**

Name of person giving information **Jacob Powell** How related to deceased **Father**

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary **Consumption** How long **3 years**

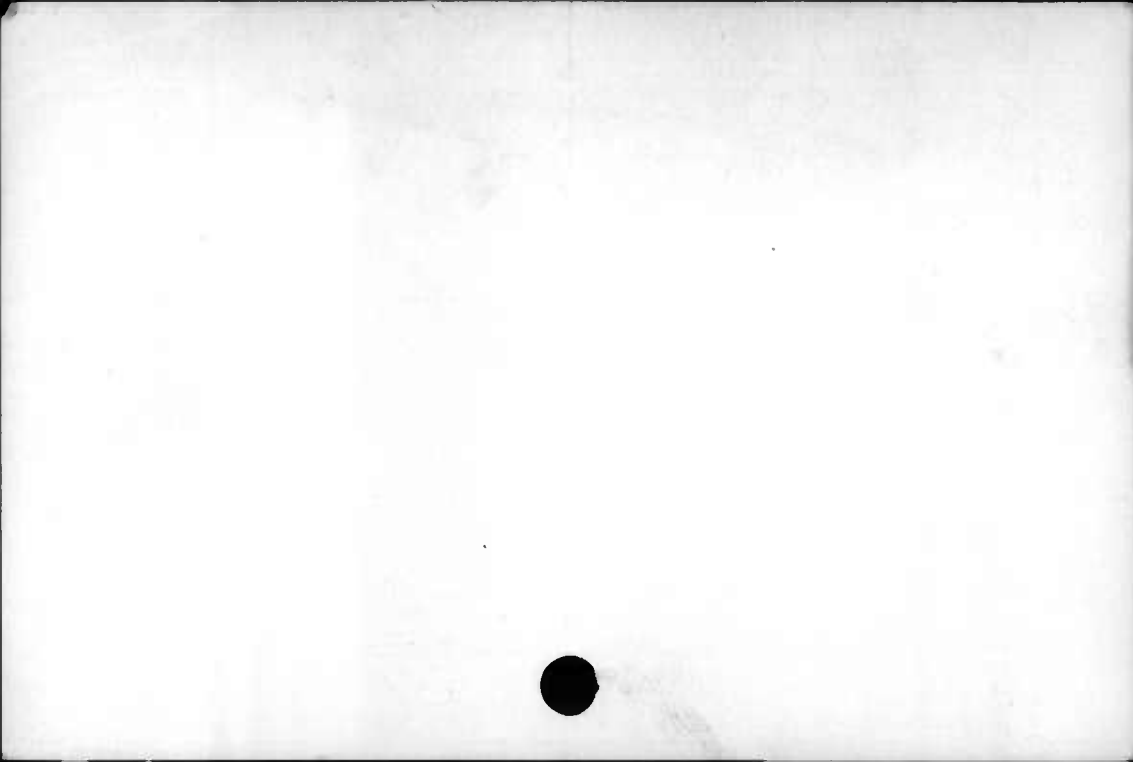
Immediate **"** How long **3 "**

Are the name, age, sex, color, date and place correctly given above? **Yes**

Signature of Physician **None in attendance**

Address **Walter Ryan**
Local Registrar

Accident or Suicide? **"**



Name
In
Full

George Anna Queen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

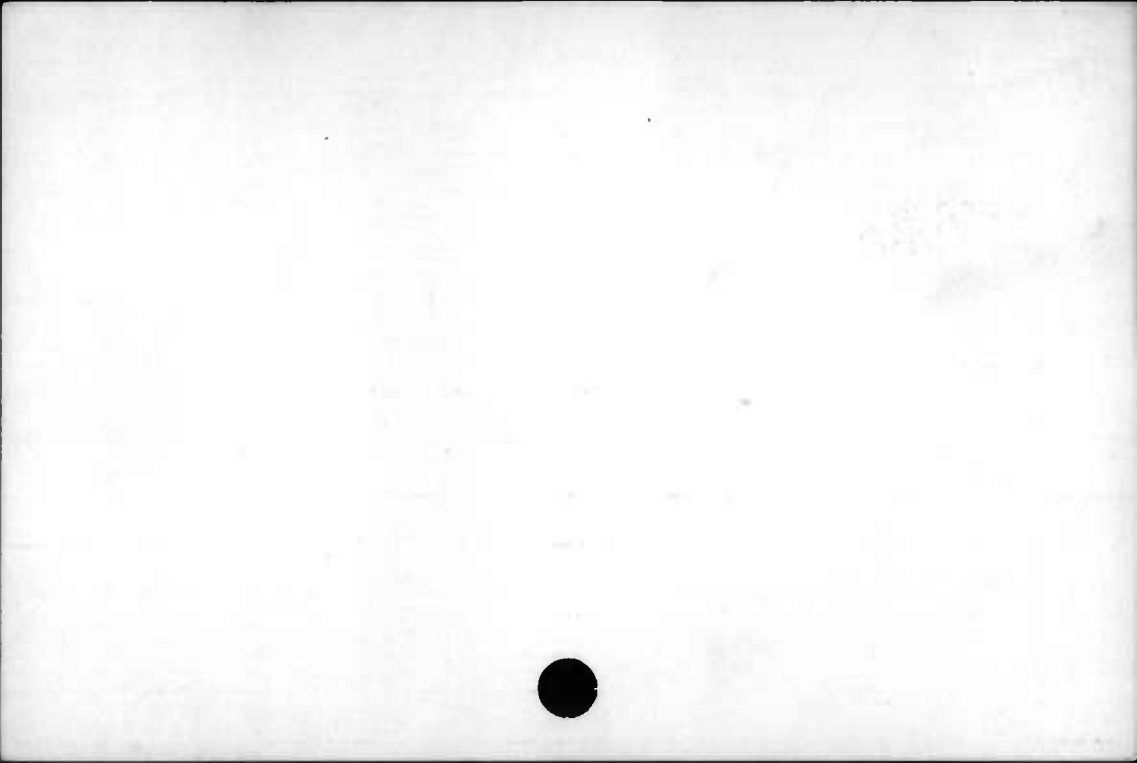
Died at <u>Seat Pleasant</u> ^{Town}		<u>P. G. Co.</u> ^{County}		MARYLAND	
Date of death <u>1908</u> ^{Month} <u>Aug.</u> ^{Day} <u>5</u>		Age <u>50</u> ^{Years}		Months	Days
Sex <u>Female</u>		Color or Race <u>Negro</u>		Birth-place <u>Md</u>	
Occupation <u>Domestic</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband			
Father's Name <u>Joe Queen</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Elizabeth Queen</u>		Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Love Williams</u>		How related to deceased <u>Son in Law</u>			

CAUSES OF DEATH

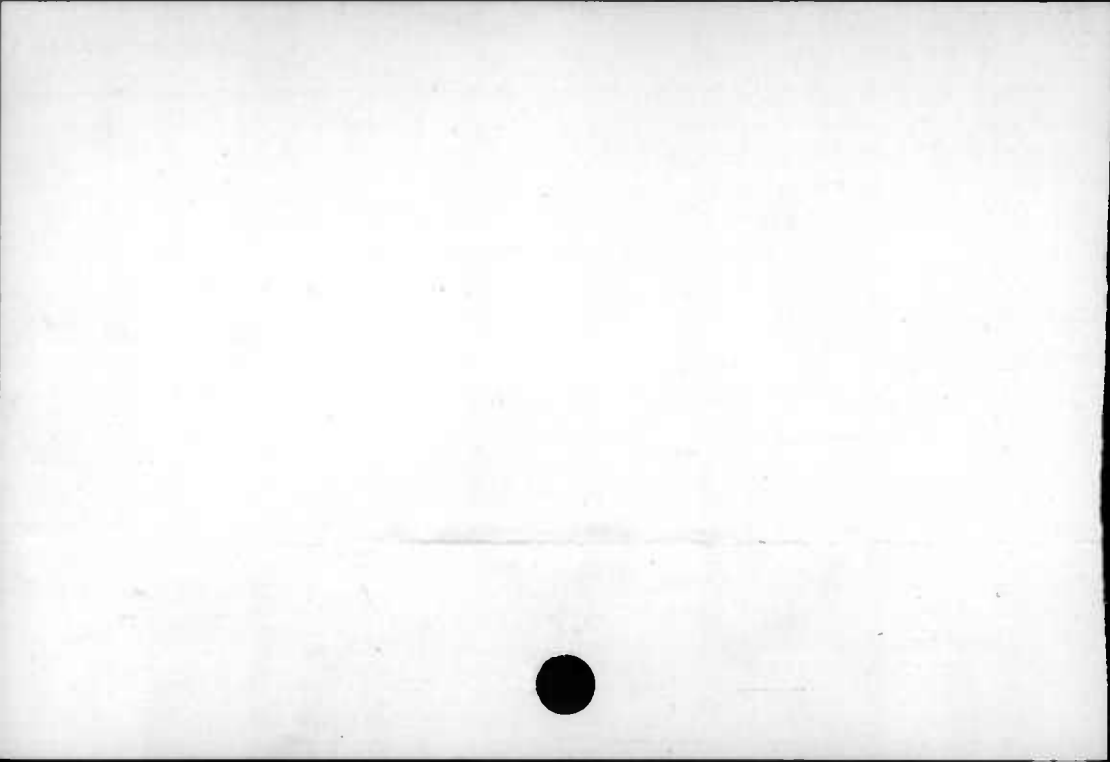
120

PHYSICIAN
OR CORONER

Primary	<u>Intestinal Definitis</u>	How long	<u>about 5 years</u>
Immediate	<u>Uremia</u>	How long	<u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>W. W. Jones</u>	
		Address <u>Seabrook/Hoag Sts</u>	
Accident or Suicide?			



Name in Full		Mary Elizabeth Queen				CERTIFICATE OF DEATH	
Died at		Largo		P. G. Co.		MARYLAND	
Date of death		1908	Aug	4	Age	Years	Months
Sex		Female		Color or Race		Colored	
Occupation		None		Birth-place		Md	
Married, Single or Widowed		Single		Where Residing if not at place of death			
Father's Name		John Berry Thomas Queen		Father's Birthplace		Md	
Mother's Maiden Name		Agnes L. Roy		Mother's Birthplace		Md	
Name of person giving information		John Berry Queen		How related to deceased		Father	
CAUSES OF DEATH							
Primary		Convulsions				How long	
Immediate		No Rx in attendance				How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		John C. Lansbury	
				Address		Forechille	
Accident or Suicide?		No					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Eunice Nicholas* Town *Baure* County *P. G.* MARYLAND

Died at *Baure*

Date of death *1908 Aug 26* Month *Aug* Day *26* Age *-* Years *-* Months *-* Days *14*

Sex *Female* Color or Race *White* Birth-place *Baure Md.*

Occupation *None* Where Residing if not at place of death *-*

Married, Single or Widowed *-* Name of Wife or Husband *-*

Father's Name *Henry G. Nicholas* Father's Birthplace *A. A. Co. Md.*

Mother's Maiden Name *Minnie Schlothe* Mother's Birthplace *Balto. G.*

Name of person giving information *Henry G. Nicholas* How related to deceased *son*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *Malnutrition* How long, *since death*

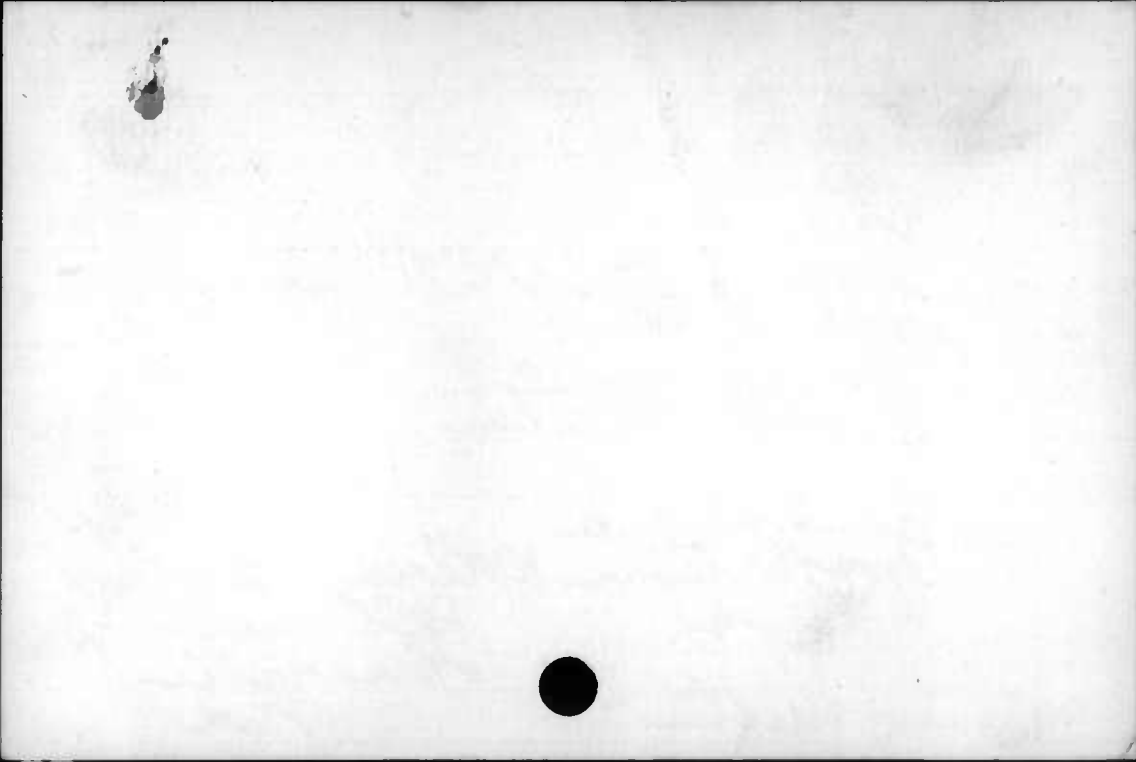
Immediate *-* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *M. D. Dr. J. H. Dr. J. H. Dr. J. H.*

Address *Springfield Md.*

Accident or Suicide? *No*



Name
in
Full

Mary E Ritchie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ritchie</u> <small>Town</small>		<u>P. G.</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Year</small>	<u>Aug</u> <small>Month</small>	<u>24</u> <small>Day</small>	Age <u>83</u> <small>Years</small>	<u>-</u> <small>Months</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>md</u>			
Occupation <u>none</u>	Where Residing if not at place of death				
<u>Widow</u> <small>Single or Widowed</small>	Name of <u>Seth Ritchie</u> <small>Husband</small>				
Father's Name <u>John S. Surt</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Jane Young</u>	Mother's Birthplace <u>md</u>				
Name of person giving information <u>Seth Ritchie</u>	How related to deceased <u>Grandson</u>				

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary <u>Hemiplegia</u>	How long <u>5 days</u>
Immediate <u>Prostration Collapse</u>	How long <u>24 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. S. Sauerbump</u>
	Address <u>Forestville md</u>
Accident or Suicide? <u>neither</u>	

Leat Cemetery
Fornville

Name
in
Full

Mabel V Ryan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cottage City		County Prince Geo.		MARYLAND	
Date of death		1908	Month Aug	Day 13	Age Years 15	Months —	Days —
Sex Female		Color or Race white		Birth- place Md.			
Occupation none				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Richard N. Ryan				Father's Birthplace Md.	
Mother's Maiden Name		Effie C Lowe				Mother's Birthplace Md.	
Name of person giving information		Mrs W. T. Davis				How related to deceased aunt	

CAUSES OF DEATH

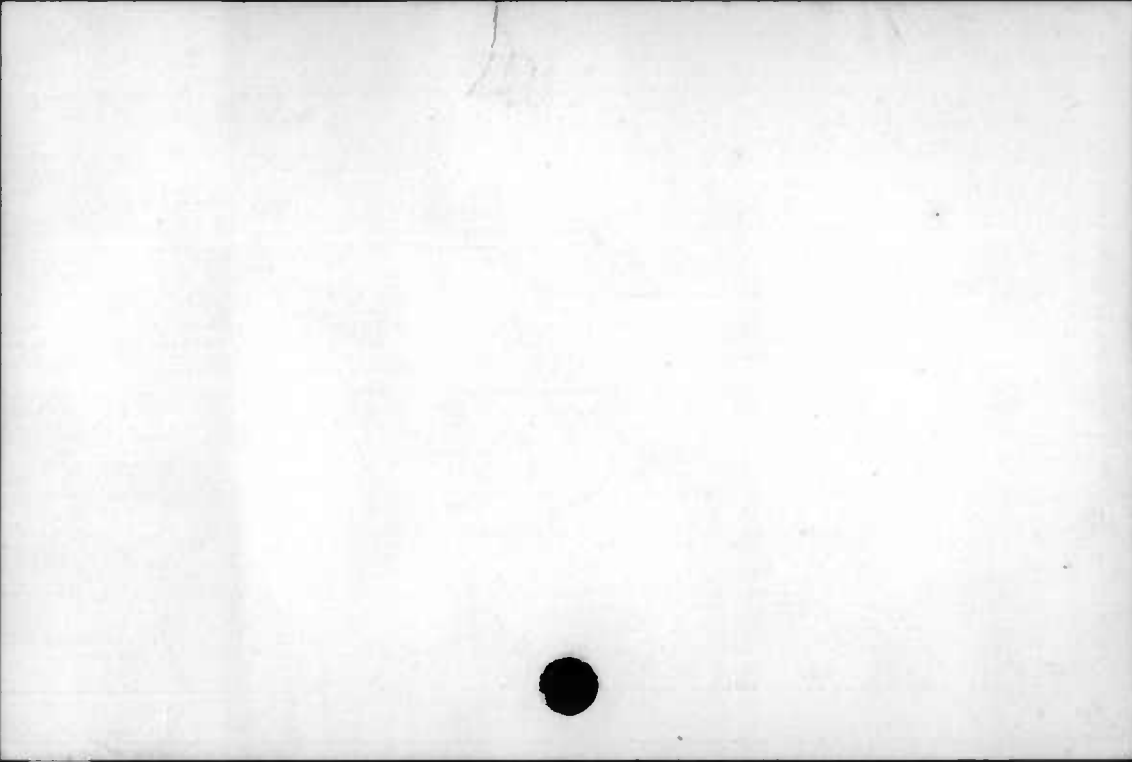
PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	14 days
Immediate	Intestinal Hemorrhage	How long	6 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Harry K alley MD	
Address		Mt. Rainier Md.	
Accident or Suicide?			

Malcolm W Ryan

aged 15-4/10

Name in Full		Josephine Scott				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Berwyn</u> Town		Pence Geo County		MARYLAND		
		Date of death 1907		Month <u>Aug</u>	Day <u>10th</u>	Age <u>over</u> Years	Months <u>3</u>	Days
		Sex <u>female</u>		Color or Race <u>white</u>		Birth-place <u>D C</u>		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name <u>Father's name not known</u>				Father's Birthplace <u>not known</u>		
		Mother's Maiden Name <u>Flourence Scott</u>				Mother's Birthplace <u>Virginia</u>		
		Name of person giving information <u>Sister Agnes Sup</u>				How related to deceased <u>nothing</u>		
		CAUSES OF DEATH				(6)		
PHYSICIAN OR CORONER		Primary <u>Measles</u>				How long <u>3 weeks</u>		
		Immediate <u>Cholera Infantum</u>				How long <u>1 week</u>		
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>				Signature of Physician <u>M. H. Hines</u>		
						Address <u>Berwyn Md.</u>		
		Accident or Suicide?						



CERTIFICATE OF DEATH

Agnes Gustina Smith

Town

County

Died at

Largo

P. George

MARYLAND

Date

of death

1908

Month

Aug.

Day

29

Age

Years

Months

7

Days

22

Sex

Female

Color or Race

Colored

Birth-place

Ind.

Occupation

Infant.

Where Residing if not at place of death

Largo.

Married, Single or Widowed

Single

Name of Wife or Husband

none

Father's Name

Andrew Smith

Father's Birthplace

Ind.

Mother's Maiden Name

Lizzie Jenkins

Mother's Birthplace

Ind.

Name of person giving information

Andrew Smith

How related to deceased

Father

CAUSES OF DEATH

105

Primary

gastro enteritis

How long

2 months

Immediate

Exhaustion

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

L. S. Savage

Address

Birmingham, D.C.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Rudolph
F. Wood

Name
in
Full

George Henry Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

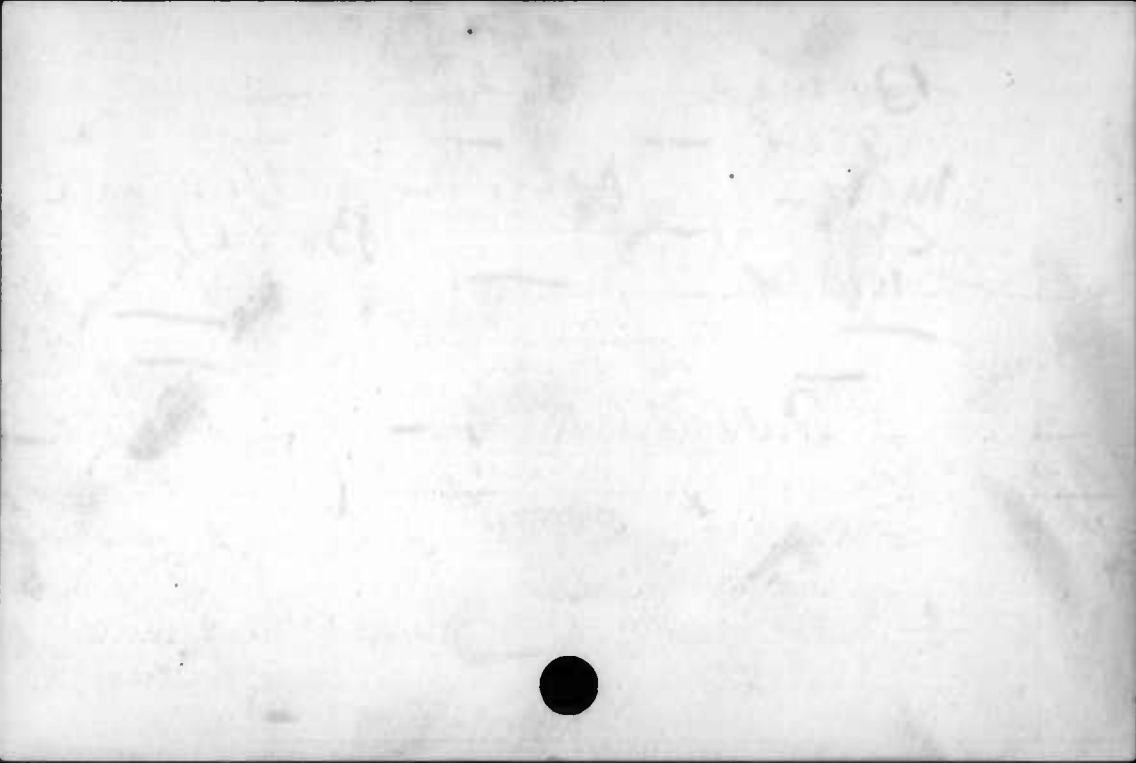
Died at Bowie ^{Town}		P. Lee ^{County}		MARYLAND	
Date of death	1908	Month	8	Day	14
Age	65	Years		Months	
Sex	male	Color or Race	colored	Birth-place	Virginia
Occupation	Laborer	Where Residing if not at place of death Bowie			
Married, Single or Widowed	widow	Name of Wife or Husband Mary Johnson			
Father's Name	Unknown			Father's Birthplace	Unknown
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown
Name of person giving information	J. H. Fletcher			How related to deceased	None

CAUSES OF DEATH

78

PHYSICIAN
OR CORONER

Primary	Acute Endocarditis	How long	Several weeks
Immediate	Arteriosclerosis	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Wm. Darrell M.?	
		Address Springfield	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

James Smith

Died at *Walla, W.T.* Town *W.T.* County

MARYLAND

Date of death *1908 Aug 24* Month *Aug* Day *24*

Age *30* Years

Months

Days

Sex *Male*

Color or Race *Black*

Birth-place *Ind*

Occupation *Laborer*

Where Residing if not at place of death *W.T.*

Married, Single or ~~Widowed~~

Name of Wife or Husband *Anna Smith*

Father's Name *William Smith*

Father's Birthplace *Ind*

Mother's Maiden Name *Elizabeth Smith*

Mother's Birthplace *Ind*

Name of person giving information *Smith's place*

How related to deceased *Brother*

Diagnosed
CAUSES OF DEATH

Primary *Loose cold - influenza*

How long *1 week*

Immediate *Exhaustion*

How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

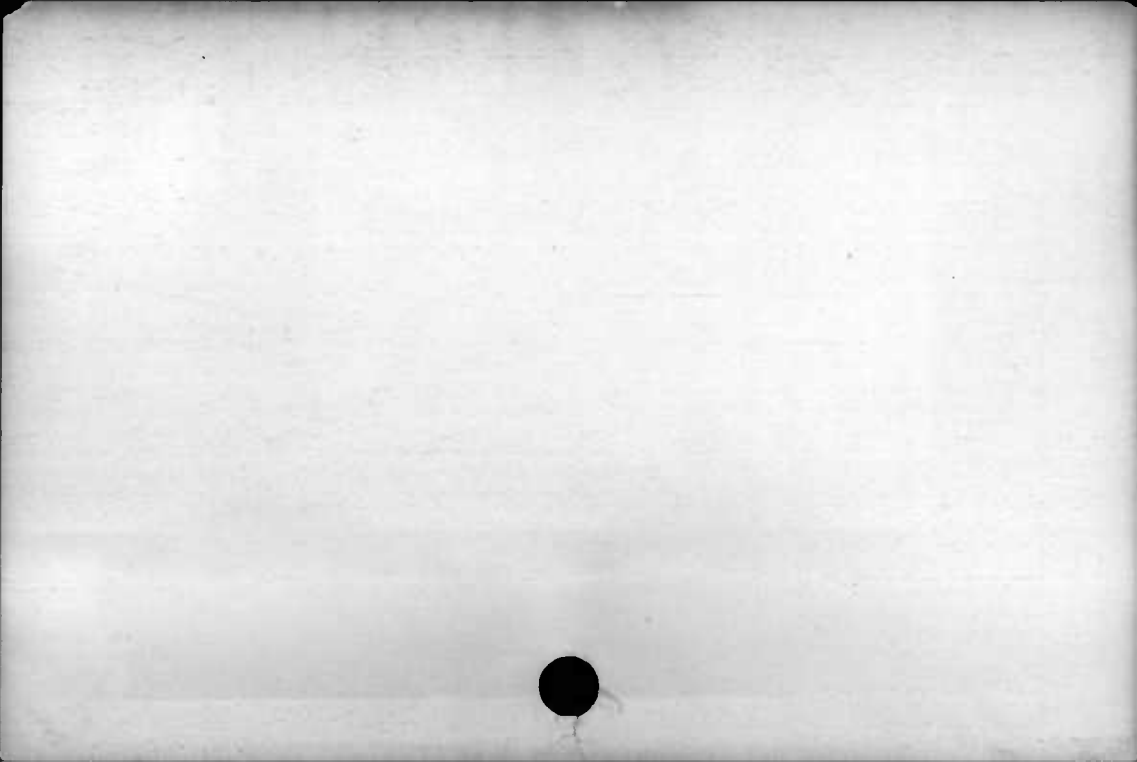
Signature of Physician *J. L. Waring*

Address *Clinton*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		William Pickney Smith				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND			
		Died near Piscataway		Pr Geo.					
		Date of death	1908	Month	Aug	Day	10	Age	—
		Sex		Male		Color or Race		Colored	
		Occupation		—		Where Residing if not at place of death		—	
Married, Single or Widowed		—		Name of Wife or Husband		—			
Father's Name		James Smith		Father's Birthplace		Pr. Geo. Co. Md			
Mother's Maiden Name		Lizzie Boland		Mother's Birthplace		St. Marys Co. Md			
Name of person giving information		John Smith		How related to deceased		Brother			
		CAUSES OF DEATH				100			
PHYSICIAN OR CORONER		Primary		Stomatitis		How long			
						2 months			
		Immediate				How long			
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
						Address			
				E. D. Hunt M.D.					
				Piscataway					
				Md.					
		Accident or Suicide?							



Name
in
Full

John H. Stevenson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Upper Marlboro</i>		Town <i>P.G.</i>		County <i>P.G.</i>		MARYLAND	
Date of death	1908	Month	8	Day	14	Age	61
Sex	Male	Color or Race	Black	Birth-place	P.G. Co Md		
Occupation	Farmer			Where Residing if not at place of death			
Married, Single	Name of Wife <i>Sarah Stevenson</i>			Husband			
Father's Name	<i>James Stevenson</i>			Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name	<i>Sylvia Dinger</i>			Mother's Birthplace <i>Don't know</i>			
Name of person giving information	<i>Benjamin Stevenson</i>			How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

104

Address

About July 10th 1908

I saw for the W. Steu-
son and found him
suffering with Gastritis
he was afterwards taken
to Washington for treatment

I never saw him
professionally after
July 10th nor did I in
any way render medical
treatment

H. Gifford W.D.

Aug. 16th 1908

Name
in
Full

Eugene Lawrence Suit

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

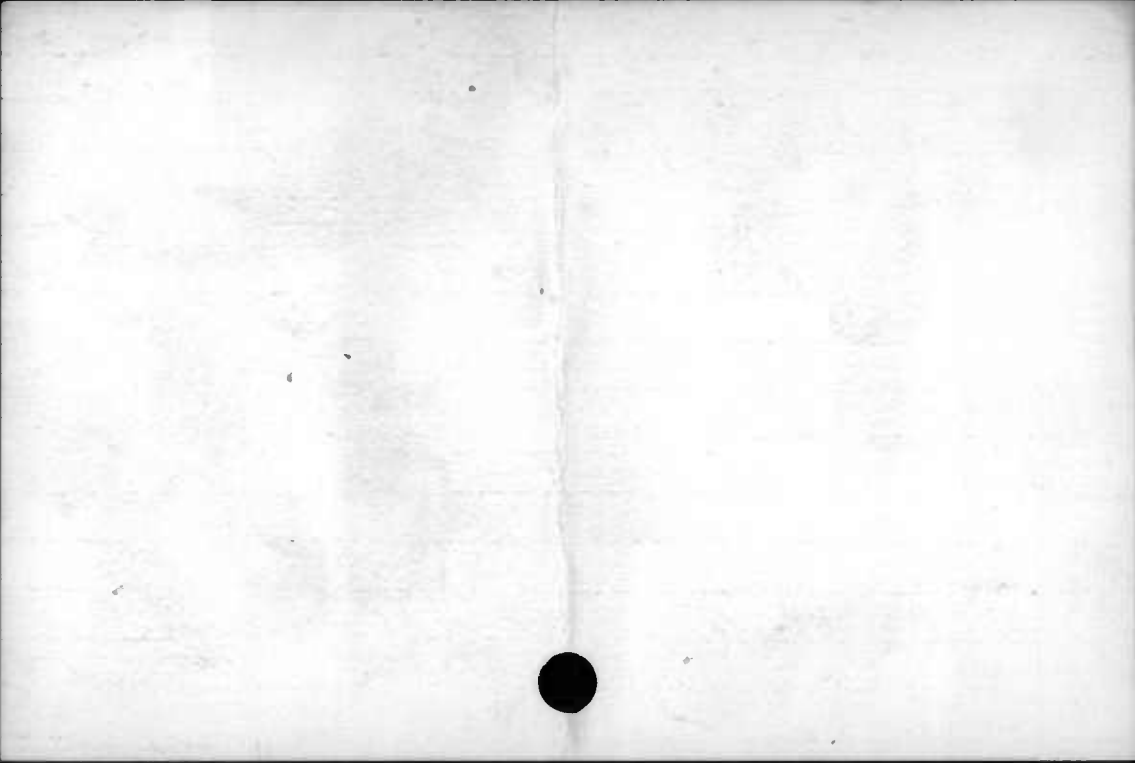
Died at <i>Branchville</i>		Town <i>Branchville</i>		County <i>Pr. Geo</i>	
Date of death	1908	Month	Aug	Day	29
Sex	Male	Color or Race	white	Age	—
Occupation	—			Birth-place	9
Where Residing if not at place of death			—		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Myocardium</i>	How long	<i>10 weeks</i>
Immediate	<i>Fracture</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>A. E. Starnes</i>
		Address	<i>Buoyon, Md</i>
Accident or Suicide?			



Name
in
Full

Alice Priscilla Turton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

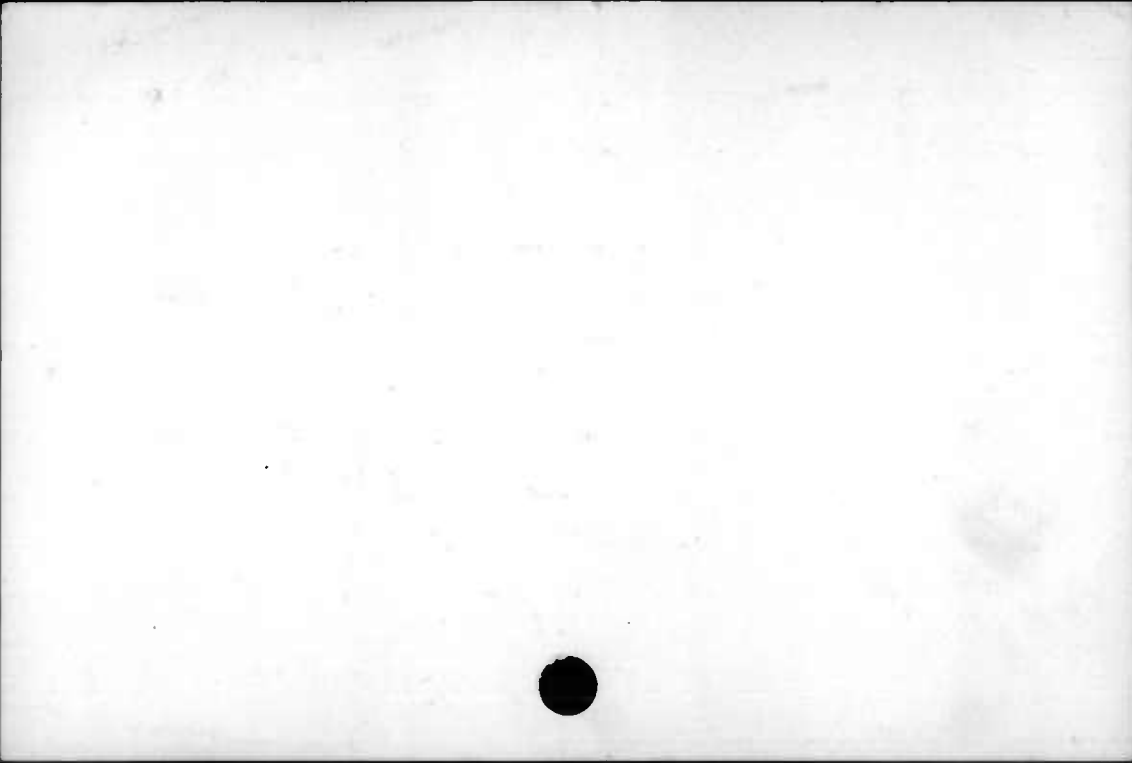
Died at ^{Town} Nottingham		^{County} Prince George's		MARYLAND	
Date of death	1908	Month	August	Day	22
Age	62	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Md.
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Gasaway Turton			Father's Birthplace	Md.
Mother's Maiden Name	Jane Stallings			Mother's Birthplace	Md.
Name of person giving information	Mrs. Mary L. Berry			How related to deceased	None

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	Acute Nephritis	How long	3 days
Immediate	Uraemia	How long	1 1/2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		W. H. Gibbons	
Address		Room Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

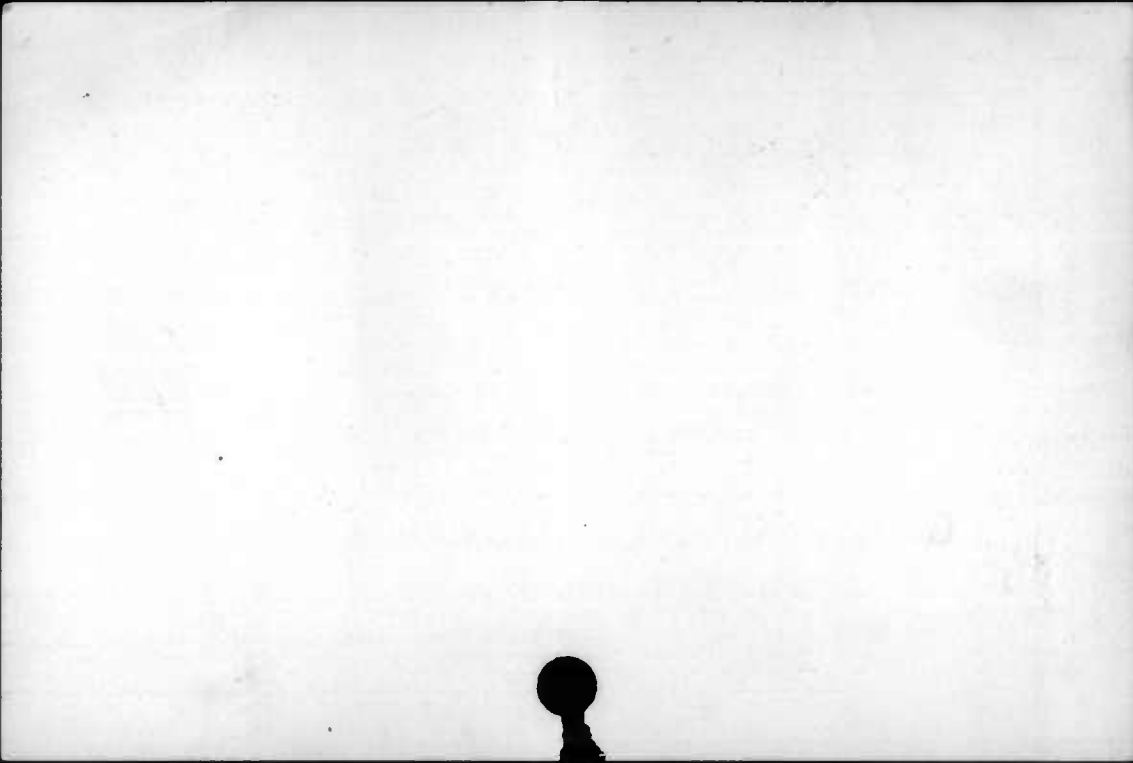
Died at <i>Hyattsville</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>Aug</i>	Day <i>5</i>	Age <i>59</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>MD</i>		
Occupation <i>Stone mason</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Katherine Vance</i>				
Father's Name <i>Charles Q. Vance</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Mary J. Griffith</i>	Mother's Birthplace <i>MD</i>				
Name of person giving information <i>Mrs J. T. Evelyn</i>	How related to deceased <i>sister</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Artic resuscitation</i>	How long <i>unknown</i>
Immediate <i>Cardiac failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Ratterman</i>
	Address <i>Hyattsville</i>
Accident or Suicide? <i>Neither</i>	<i>MD</i>



Name
in
Full

CERTIFICATE OF DEATH

Ida Wallace

Town

County

MARYLAND

Died at

Rosecroft

Pr. Gee

Date

Month

Day

Years

Months

Days

of death

190

8

8

8

Age

33

Sex

Female

Color or
Race

Colored

Birth-
place

Md.

Occupation

Housewife

Where Residing if not
at place of death

Wash. D.C.

Married, ~~Yes~~Name of ~~Wife or~~
Husband

Thomas H. Wallace

Father's
Name

John Brown

Father's
Birthplace

Md.

Mother's
Maiden Name

Sarah Connor

Mother's
Birthplace

Md.

Name of person giving
Information

John Brown

How related
to deceased

Father

CAUSES OF DEATH

42

Primary

Uterine Cancer

How long

6 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

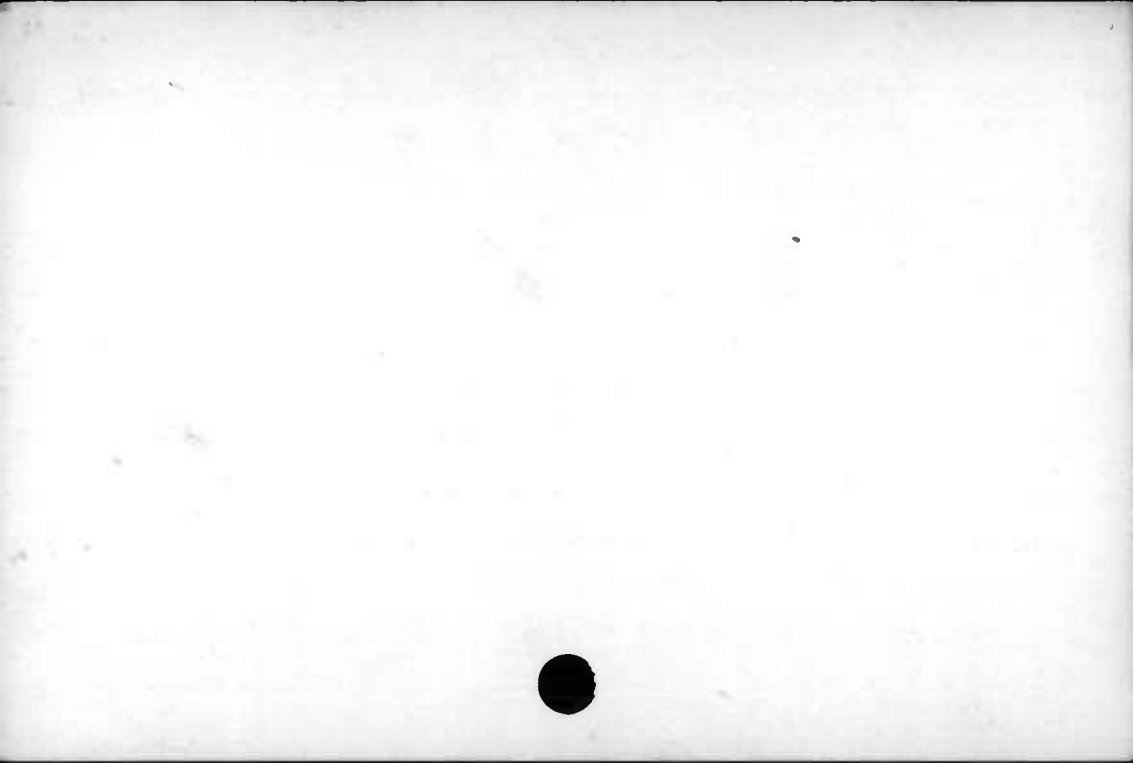
E. P. Simpson, M.D.

Address

Rosecroft Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Estelle Marie Ward

TO BE ANSWERED BY
NEAREST FRIEND

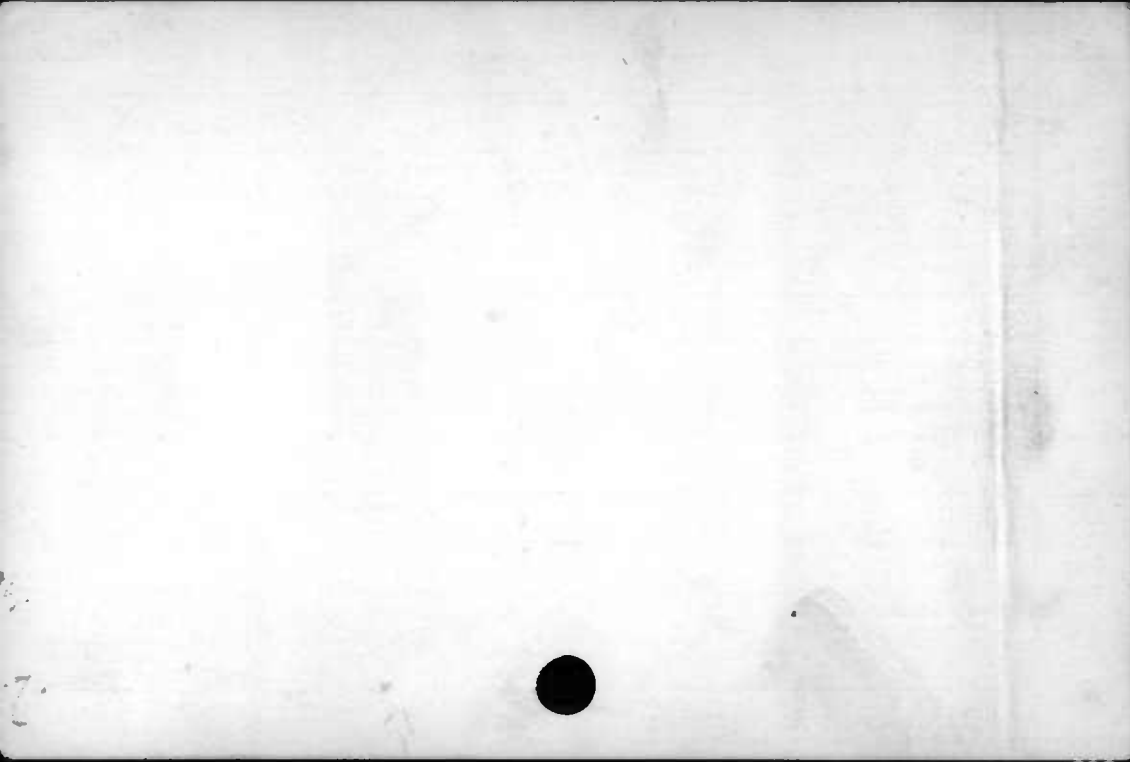
Died at		Town Forestville		County P. Co., Co.		MARYLAND	
Date of death	1908	Month Aug	Day 4 th	Age	2	Months 6	Days
Sex	Female		Color or Race	Colored		Birth-place	Md.
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Jeremiah Ward.					Father's Birthplace	Md.
Mother's Maiden Name	Eliza Harknis.					Mother's Birthplace	Md.
Name of person giving information	Robert Ward.					How related to deceased	Brother

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	Whooping Cough		How long	3 wks
Immediate	Convulsions		How long	48 hrs
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			John S. Sanbury	
			Forestville	
Accident or Suicide?		neither		



Name
in
Full

Wells.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Marebon* Town*R. Geo. Co* CountyDate of death *1908 Aug* Month*13* Day

Age

Years

Months *2*

Days

Sex

*Male*Color or
Race*White*Birth-
place*Upper Marlboro*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*H. B. Wells.*Father's
Birthplace*R. Geo. Co.*Mother's
Maiden Name*Sweeney*Mother's
BirthplaceName of person giving
Information*H. B. Wells*How related
to deceased*Father*

CAUSES OF DEATH

179

Primary

Unknown

How long

Thos.

Immediate

How long

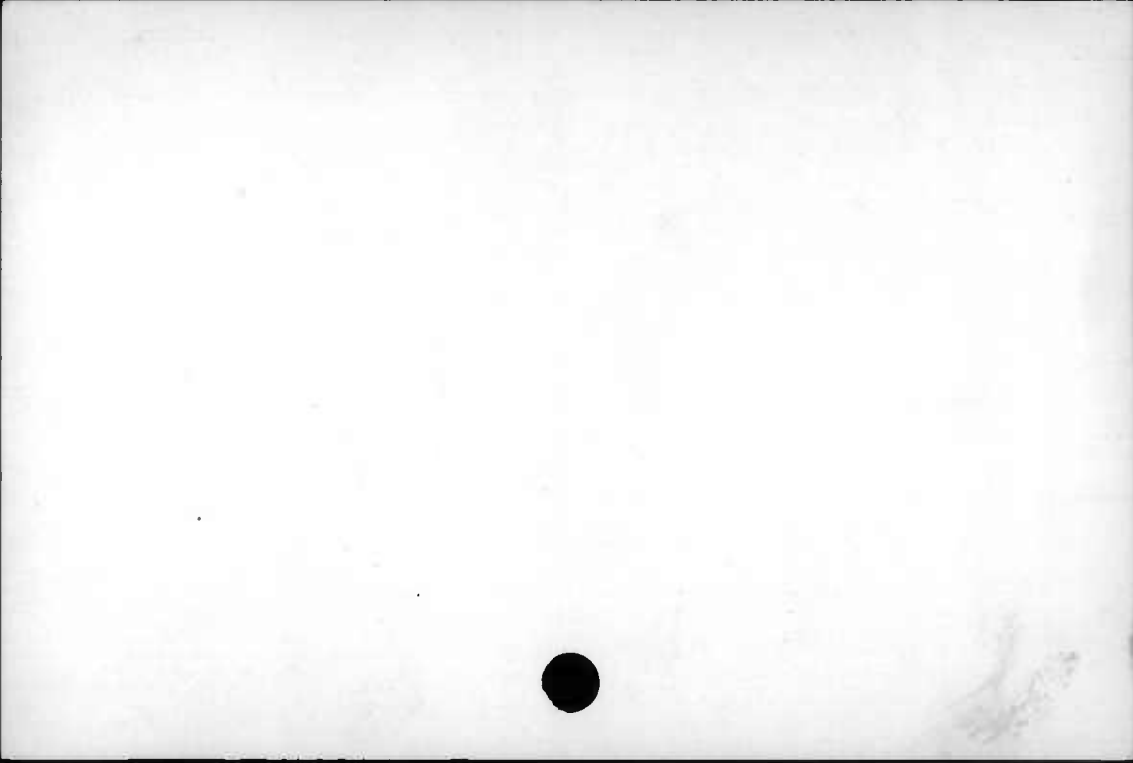
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

D. D. Griffith
Upper Marlboro.
"

Accident or Suicide?

*Death's Drad.**Med.*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marlboro.</i> Town		<i>A Geo</i> County		MARYLAND	
Date of death	1908	Month	Aug	Day	21
Age	1	Years	-	Months	10
Sex	<i>Male</i>		Color or Race	<i>Black</i>	
Occupation	—		Birth-place	<i>A Geo C. Wd</i>	
Where Residing if not at place of death			—		
Married, Single or Widowed			—		
Name of Wife or Husband			—		
Father's Name	<i>Thos White</i>		Father's Birthplace	<i>A Geo C</i>	
Mother's Maiden Name	<i>Greenleaf</i>		Mother's Birthplace	<i>" " "</i>	
Name of person giving information	<i>Thos White</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

1 wk

Immediate

Are the name, age, sex, color, date and place correctly given above?

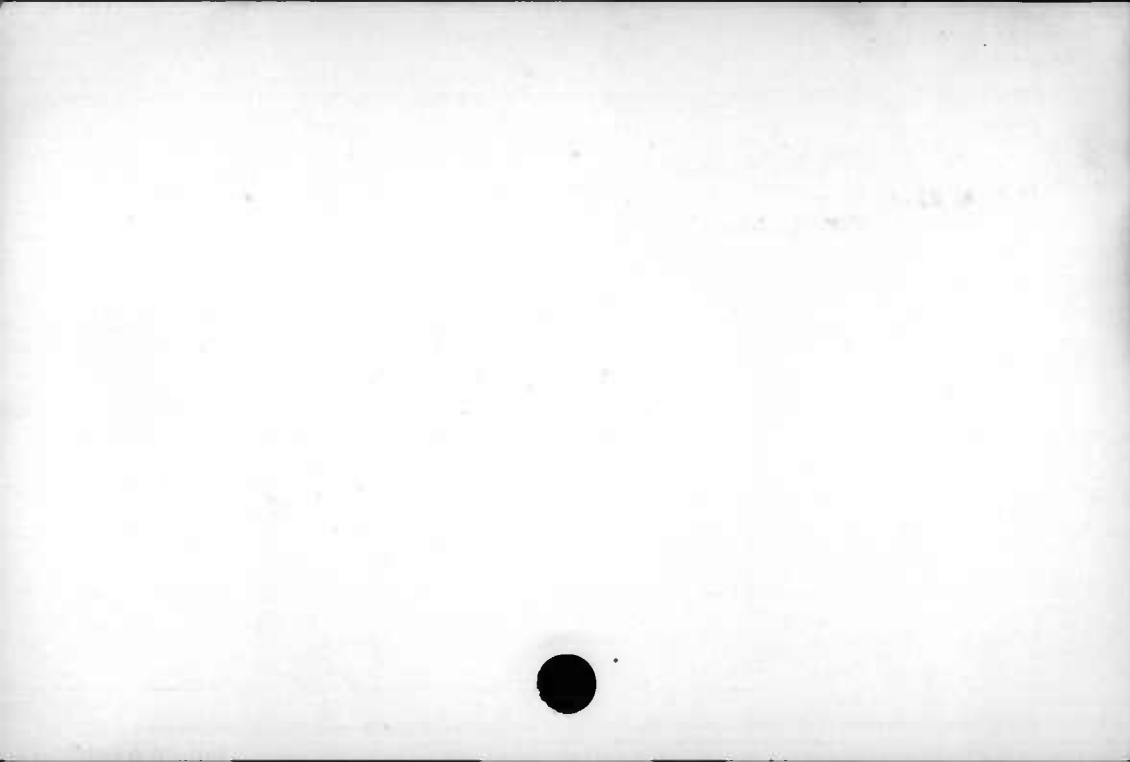
Yes

Signature of Physician

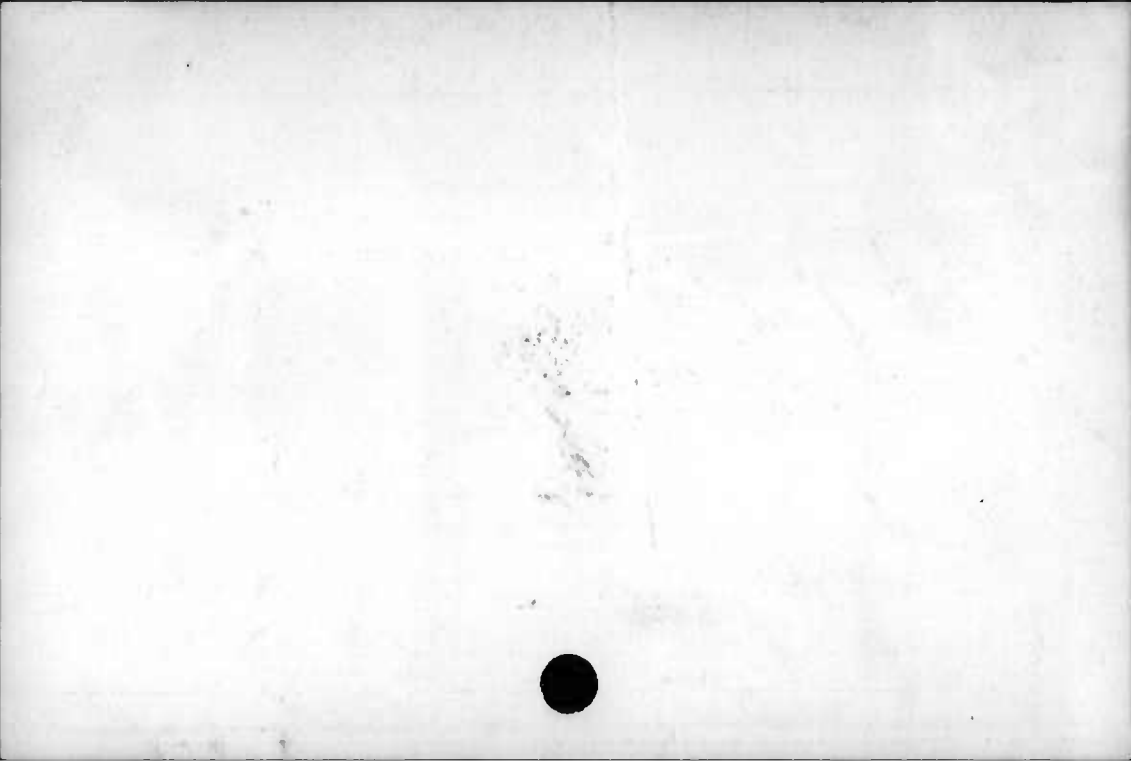
Dr G. F. Felt
Marlboro
Ma

Address

Accident or Suicide?



Name in Full		George Milton Whitney Jr.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Hyattsville</u> <small>Town</small>		<u>Pr. Geo.</u> <small>County</small>		MARYLAND	
		Date of death <u>1908 Aug</u> <small>Month</small>		<u>4</u> <small>Day</small>	<u>7</u> <small>Years</small>	<u>1</u> <small>Months</small>	<u>25</u> <small>Days</small>
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Richmond Va.</u>	
		Occupation <u>nothing</u>		Where Residing if not at place of death <u>-</u>			
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>-</u>			
PHYSICIAN OR CORONER		Father's Name <u>George Milton Whitney Sr.</u>		Father's Birthplace <u>Mass</u>			
		Mother's Maiden Name <u>Louise Reardon</u>		Mother's Birthplace <u>Ky.</u>			
		Name of person giving information <u>Geo. M. Whitney</u>		How related to deceased <u>father</u>			
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Modafimus Disease</u>		How long <u>5 years</u>			
		Immediate <u>Debility</u>		How long <u>2 wks</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Isaiah R. R. R. R. R.</u>			
		Accident or Suicide? <u>Neither</u>		Address <u>Hyattsville Md</u>			



Name in Full		CERTIFICATE OF DEATH			
Julia Williams		Town Meadows		County Prince George	
Died at		Date of death		Maryland	
1908 Aug 19		Age ab 60		Months — Days —	
Sex Female		Color or Race Black		Birth-place Va	
Occupation Housewife		Where Residing if not at place of death —			
Married Single or Widowed married		Name of Wife or Husband John A Williams			
Father's Name George Collier		Father's Birthplace Va			
Mother's Maiden Name Unknown		Mother's Birthplace "			
Name of person giving information John A Williams		How related to deceased Husband			
CAUSES OF DEATH					
Primary Acute Indigestion		How long 30 days			
Immediate Heart Failure		How long 24 hrs.			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician John E. Samsbury			
Accident or Suicide? neither		Address Forest Hill & Md.			

